

**AUBURN GYMNASTICS CAMPS
PHYSICIAN'S CLEARANCE FORM**

**THIS FORM & A FRONT/BACK COPY OF YOUR INSURANCE CARD ARE
REQUIRED FOR PARTICIPATION**

I hereby certify that _____ is physically and mentally able to participate in any or all Auburn Gymnastics Camps and that I know of no physical or mental impairments which would in any manner limit her participation in such program.

Physician's Signature

Date

License #: _____

Issuing State Medical Board: _____

Office Phone #: _____

**Please email a clear picture of this sheet, along with a front and back copy of
your insurance card to AUgymcamp@auburn.edu**