

## Medical Clearance

Camper's Name \_\_\_\_\_

I hereby certify the above named camper is physically able to participate in the "CM3 Elite Diamond Camps" camp being held at Auburn University and that I know of no physical impairments which would in any manner limit his/her participation in such program.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

**OR**

Provide any physical accompanied with a physician's signature dated within 12 months of camp (State HS physical, etc.)

**Medical Clearance form or copy of signed physical AND a photocopy of the FRONT AND BACK of your medical insurance card must be submitted via: U.S .mail - 1722 Roanoke Lane, Auburn, AL 36830-1912; fax (334-844-4208) or email (cm3elitecamps@charter.net) within 14 days of camp start in order to participate in the camp.**