

**Each camper must have this Physical Statement OR a copy of a Recent Physical Statement**

(Must be given within last 12 months prior to camp date.)

I hereby certify that I have examined \_\_\_\_\_  
and found him physically fit to attend & participate in the Brad Brownell  
Basketball Camp, and I know of no impairments which would limit his  
participation in all activities in camp.

Date of last tetanus immunization: \_\_\_\_\_

**x**

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
**Date**

Physician's Address: \_\_\_\_\_

\_\_\_\_\_  
Phone: \_\_\_\_\_