



University of Arkansas • 131 Barnhill Arena • Fayetteville, Arkansas 72701  
Phone: 479.575.4587 • Fax: 479.575.4586

## ARKANSAS RAZORBACK VOLLEYBALL CAMP PHYSICIAN'S STATEMENT

Camper Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone (\_\_\_\_\_) \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Allergies \_\_\_\_\_

Please list any medical problems of which the staff should be aware of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that this individual is physically able to participate in volleyball camp without any restrictions.

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

NO individual will be allowed to participate without a doctor's consent.

A note from a physician or valid current school physical may be used in lieu of a physician's signature.

If you have not already done so please submit a copy of your insurance card with this form.

You can bring this document with you to registration or mail it to:

*Arkansas Volleyball Camps*

*Attn: Jenny Kirk*

*131 Barnhill Arena*

*Fayetteville, AR 72701*