



2016-2017 Steve Prohm Basketball Camps – Physicians Statement

I hereby certify that _____ is in good health and physically able to participate in:

- () All basketball camp activities including contact activities.
- () Specified activities only _____

This certificate is valid for the 2017 Steve Prohm Basketball Camps unless voided by any serious injury or illness. I have listed below any known conditions, illnesses, allergies, or prior injuries which could affect participation in sports and/or medical treatment.

PHYSICIANS NAME (please print): _____

PHYSICIANS SIGNATURE _____

DATE OF SIGNATURE: _____

STUDENT NAME: (please print): _____

GRADE IN FALL 2017: _____