

THE UNIVERSITY OF TEXAS AT AUSTIN
University Sponsored Summer Sports Camps
Departments of Intercollegiate Athletics for Men and Women

PRE-ACTIVITY CLEARANCE EXAMINATION:
PHYSICIAN AUTHORIZATION

Participant's Name \_\_\_\_\_

Camp \_\_\_\_\_

I hereby certify that I have examined the above named patient and have found him/her fit to attend and participate in the University Sponsored Summer Sport Camps. I know of no impairments, which would limit his/her participation in all camp activities except those that I have listed below. I further certify that he/she is free from any and all contagious diseases.

Restrictions and/or Comments \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Date of Physical Examination (must have been completed within the last 12 months)

\_\_\_\_\_

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

Address \_\_\_\_\_

City/St./Zip \_\_\_\_\_

Phone \_\_\_\_\_

Check Session(s) your child is in:

- Traditional Camps: S 1 (June 6-10)\_\_\_\_, S 2 (June 13-17)\_\_\_\_, S 3 (June 20-24)\_\_\_\_, S 4 (June 27-July 1)\_\_\_\_, S 5 (July 5-9)\_\_\_\_, S 6 (July 11-15)\_\_\_\_.
Quick Start Camps: S 1 (June 7-10)\_\_\_\_, S 2 (June 14-17)\_\_\_\_, S 3 (June 21-24)\_\_\_\_, S 4 (June 28-July 1)\_\_\_\_, S 5 (July 5-8)\_\_\_\_, S 6 (July 12-15)\_\_\_\_.
Tournament Preparation Camp (June 1-4)\_\_\_\_. Match Play Camp (July 18-22)\_\_\_\_.
Day Camp Only (July 25-29)\_\_\_\_. Team Camp (July 30-August 1)\_\_\_\_.