

Check Session(s) you are in:

Adult Summer Camp June 27-28 \_\_\_\_.

**THE UNIVERSITY OF TEXAS AT AUSTIN**  
*University Sponsored Sports Camps*  
*Departments of Intercollegiate Athletics for Men and Women*  
*Longhorns Tennis Camp 2009*

**PERTINENT MEDICAL/INSURANCE INFORMATION – #06b Adult**

**✍ To be filled out by camper (adult):**

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

Camp Longhorns Tennis Camp 2009

Allergies \_\_\_\_\_

\_\_\_\_\_

Current Medications \_\_\_\_\_

\_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

Insurance: Company \_\_\_\_\_ Policy # \_\_\_\_\_

Social Security or ID # \_\_\_\_\_

**PRE-ACTIVITY CLEARANCE EXAMINATION:  
PHYSICIAN AUTHORIZATION**

I hereby certify that I have examined the above named patient and have found him/her fit to attend and participate in the **2009 Longhorns Tennis Camp**. 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 Last Tetanus Booster \_\_\_\_\_

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

\_\_\_\_\_

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

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

**Adult**