



PHYSICIAN'S RELEASE FORM

\*\*\*\*\*THIS FORM MUST BE COMPLETED PRIOR TO CAMP CHECK-IN\*\*\*\*\*

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THIS SECTION MUST BE SIGNED BY A PHYSICIAN (or attach a copy of your child's physical  
which has been administered within the past year)

\_\_\_\_\_ has been examined by me and he/she is physically fit to participate  
in the Bauerle Bulldog Swim Camp held at the University of Georgia.

\_\_\_\_\_  
Printed Physicians Name

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