



2017 TEXAS A&M SWIM CAMP
PHYSICIAN'S RELEASE SIGNATURE:

I have examined the general physiological condition of the aforementioned camper and believe him/her to be physically fit to participate in all sports except:

Camper's Name: _____

Camper's Age: _____ Camper's Gender: _____ Camp Session: _____

Physician's Signature: _____

Date: _____

Attach a copy of your insurance card to the box below:
(If you are covered by military insurance please attach a copy of your military id)

PLEASE RETURN COMPLETED FORM TO:

TEXAS A&M SWIM CAMP
P.O. BOX 11190
COLLEGE STATION, TX 77842
12THMAN.COM
PHONE: 979/845-6105 • FAX: 979/458-2273