



## PHYSICIAN'S RELEASE FORM

I hereby certify that:

\_\_\_\_\_

is physically fit to participate in the Kristin White Gymnastics Camp. I know of no physical impairments which would in any manner limit her participation in such a program.

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

\_\_\_\_\_  
Date

**Note: If you have already or plan to submit a physical form (no more than one year old), then you do not need this form.**