

Physician's Consent Form (Required to be completed)



I certify that _____ is physically fit to participate in an active basketball program and that I know of no physical impairments which would in any manner limit their participation in such a program.

Doctor's Signature: _____

Date: _____

(The doctor's signature may be submitted by sending a copy of the camper's physical form dated after July 1, 2016. Physical forms from the 2016-2017 school year will be accepted as long as they are signed and dated after July 1, 2016. Campers will NOT be allowed to participate without a physical form or doctor's signature)

This form may be uploaded back into the camper's account profile online, faxed to (402) 472-2575, emailed to timmilesbasketballcamps@gmail.com or mailed to the following address:

Tim Miles Basketball Camps
236 Hendricks Training Complex
P.O. Box 880611
Lincoln, NE 68588