



**LEONARD HAMILTON BASKETBALL CAMP**  
**FLORIDA STATE SEMINOLES**

**CAMP MEDICAL FORM**  
**IMPORTANT: PHYSICIAN'S SIGNATURE REQUIRED**  
**(Use this form to replace a PHYSICAL FORM)**

CAMPER NAME: \_\_\_\_\_

CAMPER'S PREFERRED NAME: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

PARENT'S CONTACT PHONE # \_\_\_\_\_

I have examined this camper within the past 12 months and certify he is able to participate in all camp activities without restriction.

PHYSICIAN'S SIGNATURE: \_\_\_\_\_

PHYSICIAN'S PRINTED NAME: \_\_\_\_\_

PHYSICIAN'S PHONE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*YOUR CAMPER WILL NOT BE OFFICIALLY ACCEPTED UNTIL WE RECEIVE THIS MEDICAL FORM OR A COMPLETED AND SIGNED PHYSICAL FORM FROM YOUR PHYSICIAN'S OFFICE.\*\***