

# **2025 Mike White Basketball Camps Medical Form**

**\*\*\*Physician's signature is REQUIRED on this form.**

*(Use this form to replace a Physical form)*

Camper Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent 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 Name: \_\_\_\_\_

Physician's Phone #: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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**\*\*\* Note: Your camper will NOT be able to participate until we receive this medical form OR a completed and signed physician form from your physician's office dated after June 2024.**