

2025 John Jakus Basketball Camp 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: _____ / _____ / _____

***** 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.**