

DOCTOR'S PERMISSION: (WE WILL NOT ACCEPT ANY SCHOOL PHYSICALS OR DOCTOR'S NOTES THAT WERE COMPLETED OR SIGNED PRIOR TO 2016).

This will certify that _____ is physically qualified to attend the Coach Bo Baseball Camps LLC listed in this application.

PHYSICIAN'S SIGNATURE: _____

DATE: _____

THE CAMPER IS ALLERGIC TO WHAT MEDICATIONS:
