



Roy Williams 2012 Carolina Basketball Camp

P.O. Box 2404
Chapel Hill, NC 27515
Fax: 919-962-2306

Camp Medical Form

IMPORTANT: Physician's signature required

CAMPER'S NAME: _____

CAMPER'S PREFERRED NAME: _____

(Given name to be used at camp)

PARENT'S HOME 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: _____

PRINT PHYSICIAN'S NAME: _____

PHYSICIAN'S PHONE: _____

Your son will not be officially accepted until we receive this medical form.

School/Sport Physicals are also permissible in lieu of this form.