

# Roy Williams 2010 Carolina Basketball Camp

P.O. Box 2404  
Chapel Hill, NC 27515

## *Camp Medical Form*

**IMPORTANT:** Physician's signature required

**CAMPER'S NAME:** \_\_\_\_\_

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

**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.**

