

- Please Return to Edge Soccer Camps by May 1, 2018 -

PHYSICIAN APPROVAL FOR PARTICIPATION
IN 2018 EDGE SOCCER CAMPS

I herewith certify that _____
(Please print name of camper)
is physically fit to participate in all soccer camp competitions & activities.

Signature of Attending Physician (M.D. or D.O.)

Please print name of Attending Physician

____ / ____ / ____
Date of Physical Examination

NOTE: This signed statement must be received by the Edge Soccer Camps before the participant commences in soccer camp competitions & activities.

Please return completed form to:
Edge Soccer Camps
631 W. Ideal Street
Duluth, MN 55811