

Paloma Trails  
Summer camp 2016

PHYSICIAN'S PERMISSION FORM FOR ALL PARTICIPANTS

I have examined the general physical condition of

\_\_\_\_\_ and

Find the said participant to be physically fit to participate in the Camp/horseback riding lesson or game competition activities as indicated by the date of examination and by my signature. (Physical examination should have taken place no more than one (1) year prior to participant's attendance at camp)

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Date of Exam

NO Participant shall be eligible to take part in the camp/horseback riding activities or games competitions unless a licensed physician of medicine or osteopathic medicine a certified school nurse practitioner, or physician's assistance has examined him/her