

DOCTOR'S PERMISSION (WE WILL NOT ACCEPT ANY SCHOOL PHYSICALS OR DOCTOR'S NOTES THAT WERE COMPLETED OR SIGNED PRIOR TO 2013)

This will certify that _____ is physically qualified to attend the Ryan Jacobs Softball School, LLC. listed in this application.

Physician's signature: _____

Date: _____

The camper is allergic to what medications:

Dr. Office official stamp: