



## Coerver Residential Camp at St. Olaf College

### Doctor's Note of Approval

**Print this form and return with Camp Application, or no later that May 30<sup>th</sup> 2010. Your son/daughter will not be allowed to participate in the camp if this form is not completed.**

I hereby certify that \_\_\_\_\_ ( player) is able to fully participate in a Residential Soccer Camp that involves, running, jumping, falling, kicking, soccer tackling, heading, small-sided scrimmaging, and playing full-sided games.

\_\_\_\_\_ Player's Doctor (print)

\_\_\_\_\_ Doctor's Signature

\_\_\_\_\_ (date of examination)

Please call: 952-915-9009 if any questions arise.

Return this form to:

#### **Coerver Coaching Minnesota**

5126 Roberts Place  
Edina, MN 55436