



Coerver Crush Camp at St. Olaf College

Doctor's Note of Approval

Print this form and return after Camp Application or no later than June 10th, 2020. Your son/daughter will not be allowed to participate in the camp if this form is not completed. Examination must be done within a month from the camp start date.

I hereby certify that _____(player) is able to fully participate for 6 hours a day 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: _____

Which Crush Camp?

Superskills _____ Prep _____ PA _____

Date of Examination: _____

Questions?

Call: 651-352-2912 or Email: LB@coerver.com

Please email or mail completed form to:

lb@coerver.com or

Coerver Coaching Minnesota

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