

CIRCLE LAKE RANCH, INC.  
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 games 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 participants' attendance  
at camp/conference.)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Examination

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.