



BLAINE YOUTH HOCKEY ASSOCIATION

9250 LINCOLN STREET NE | BLAINE MN 55434 | BYHA.ORG

PLAYER INJURY CREDIT REQUEST

When a player has been injured and under doctors' orders is unable to actively participate for a minimum of 21 consecutive days, the parent/guardian has the option to request for an Injury Credit for the time missed. The credit will be calculated based on the weeks missed versus the weeks of the regular season. Date of return is when the player resumes participating in BYHA on ice or dryland activities in any capacity, including but not limited to: games, scrimmages, practices, or other team training activities.

No credit will be issued for less than 21 days of inactivity, due to normal short-term injuries.

INSTRUCTIONS:

1. Parent/Guardian needs to complete this form in its entirety.
 - a. Missing or incomplete information will delay processing or result in denial.
 - b. Fraudulent information or claims will result in disciplinary and/or legal action.
2. Include a copy of the doctor's note with the "approved to return" date.
3. Do not submit paperwork until the return date has been established by a doctor and signed off by the head coach.
4. Once the form has been completed and signed, submit all paperwork to the Treasurer at:

Email: treasurer@byha.org

Mail: Blaine Youth Hockey Association – Attn: Treasurer – 9250 Lincoln St NE, Blaine MN 55434

Player Name: _____ Hockey Season: _____
Team: _____ Position: _____
Parent Name: _____ Parent Phone: _____
Head Coach Name: _____ Coach Phone: _____
Injury Description: _____
Injury Date: _____ Return Date: _____

Other Notes:

As head coach, I have confirmed the accuracy and agree with the information provided above.

Head Coach Signature: _____ Date: _____

BYHA Internal Processing Only

Approved

Denied

Calculated Credit: _____

Authorized by: _____

Date: _____