

INJURY MEDICAL RELEASE - RETURN TO PLAY

POLICY: Any player sustaining a substantial injury as a result of hockey, skating or otherwise, is required to have a medical release signed the by the participant’s medical provider prior to returning to the ice. This completed form must be returned to safety@yanktonice.org prior to participant returning to activity. Visit yanktonice.org contact list for phone number of Safety Coordinator for any questions.

PLAYER NAME: _____ TEAM/LEVEL: _____

DATE OF INJURY: _____

ACTIVITIES REQUESTED TO PARTICIPATE: _____

RESTRICTIONS/RECOMMENDATIONS:

- _____ Light exercise (walking or stationary bike)
- _____ Sport specific activity without body contact
- _____ Resistance training
- _____ Practice without body contact
- _____ Practice with body contact
- _____ Other _____

_____ Return to full participation without restriction

MEDICAL PROVIDER SIGNATURE: _____

DATE: _____ OFFICE PHONE NUMBER: _____

I consent for my child to resume activity as recommended by the medical provider above.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

ASSOCIATION USE ONLY BELOW

I acknowledge receipt of and have reviewed the medical provider's recommendations and/or medical release statement.

COACH SIGNATURE: _____ DATE: _____

SAFETY COORDINATOR SIGNATURE: _____ DATE: _____