



REQUEST FOR MINIMUM GAME PARTICIPATION
EXEMPTION DUE TO INJURY

This form shall be submitted by the PIHL Association representing this player. You must also include a written release from the player's doctor on their letterhead, indicating the date released. Without this release from the doctor, an exemption cannot be considered. Submit both documents to Michelle Miller registration@pihlhockey.com Requests must be received a by February 28, 2022 the post-season meeting as established by the league.

Players Name: _____ Grade: _____

Team Name: _____ Level: _____
(Var-JV-MS)

Injury/Illness: _____

Date of Injury/Illness: _____

Unable to play from: _____ To: _____

Date Released to play: _____ Number of games played: _____

Physician's Name: _____

Submitted by: _____

Date: _____ Position: _____
(President, Manager, etc.)

Please make sure all information is filled in with signatures when submitting.