



Athlete “Return to Play” Form

To Be Completed by the Physician and/or Parent/Guardian and Submitted to the participating club prior to their next scheduled class/training session.

Athlete’s/Participants Name:		Age:
Address:		Level:
Telephone:	Parent/Guardian Name:	
Date of Injury:	Event:	
Name of Physician:	During Practice <input type="checkbox"/> During Competition <input type="checkbox"/> Outside of Gym <input type="checkbox"/>	
Telephone:		
Nature of Injury:		
Circumstances/Limitations Under Which Athlete Can “Return to Play”:		

I understand that prior to returning to play the above information must be complete and all conditions described by the attending physician must be met.

Signature of Parent/Guardian

Date

FOR CLUB USE ONLY

Received:	Return to Play Date:
Authorized By:	