

## *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"/>
Telephone:	During Competition	<input type="checkbox"/>
	Outside of Gym	<input type="checkbox"/>
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

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

**FOR CLUB USE ONLY**

Received:	Return to Play Date:
Authorized By:	