

Athlete "Return to Play" Form



NOTES:

To be completed by the medical professional (doctor/physiotherapist) and parent/guardian for injuries which occur within/outside of OGC training and competition.

The completed form and medical professional's authorization must be submitted to the Ottawa Gymnastics Centre prior to the next scheduled class/training session.

Athlete's/Participant's Name:		Age:	
Address:		Level:	
Telephone:	Parent/Guardian Name:		
Date of Injury:		Event:	
Name of Medical Professional:		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 medical professional must be met.

Signature of Parent/Guardian

Date

Signature of Medical Professional

Date

FOR CLUB USE ONLY

Received:	Return to Play Date:
Authorized By:	

June 21st 2023