

Athlete “Return to Play” Form



NOTES:

To Be Completed by the Physician and Parent/Guardian for injuries which occur within/outside of OGC training and competition.

The completed form and Doctors authorization must be Submitted to the Ottawa Gymnastics Centre prior to the 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/Physiotherapist _____
Date

FOR CLUB USE ONLY

Received:	Return to Play Date:
Authorized By:	