



Please forward to:  
Onoway Minor Hockey Association  
Box 394, Onoway, Alberta, T0E 1V0

## INJURY RETURN TO PLAY FORM

DATE: \_\_\_\_\_

PATIENTS NAME: \_\_\_\_\_ MALE / FEMALE. D.O.B. \_\_\_\_\_  
(CIRCLE) DAY / MONTH / YEAR

IS HEREBY MEDICALLY CLEARED TO RETURN TO HOCKEY WITH (CHECK IF APPLICABLE)

FOLLOWING \_\_\_\_\_ (INJURY) INJURIES SUSTAINED \_\_\_\_\_ (DATE).

\_\_\_\_ NO RESTRICTIONS

\_\_\_\_ RESTRICTIONS

DESCRIPTION OF RESTRICTIONS ( AS REQUIRED) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHYSICIANS NAME (PRINT) \_\_\_\_\_

PHYSICIANS SIGNATURE \_\_\_\_\_

LEGAL GUARDIAN NAME (PRINT) \_\_\_\_\_

LEGAL GUARDIAN SIGNATURE \_\_\_\_\_

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