

	Date completed: (mmddyyyy): _____ _____ Athlete Signature Parent/Guardian Signature	<input type="checkbox"/> Check when complete.
If athlete can tolerate moderate aerobic exercise, progress to Step 3		
Step 3: Individual ringette-specific activities, without risk of inadvertent head impact.		Step 3: Part-time or full days at school with accommodations
<ul style="list-style-type: none"> • Add ringette-specific activities (e.g., skating, changing direction, individual drills) for 20 – 30 minutes. • Perform activities individually & under supervision from a parent/guardian, coach, or Safety Personnel. • Progress to where the player is free of concussion-related symptoms, even when exercising. • There should be no body contact or other jarring motions, such as high-speed stops. • Athlete should wear a “No Contact” identification pinny. Date completed: (mmddyyyy): _____ _____ Athlete Signature Parent/Guardian Signature		<ul style="list-style-type: none"> • Gradually reintroduce schoolwork. • Part-time school days with access to breaks & other accommodations may be required. • Gradually reduce accommodations related to the concussion and increase workload. <input type="checkbox"/> Check when complete.
<p style="text-align: center;">Medical Clearance If an athlete has completed Return-to-School (if applicable) & has been medically cleared, progress to Step 4.</p>		
Step 4: Non-contact training drills and activities		Step 4: Return to school full-time
<ul style="list-style-type: none"> • Progress to exercises with no body contact at high intensity, including more challenging drills & activities (e.g., shooting & passing drills, multi-player training, & practices). • Where possible, give extra space around other players to avoid collisions or falls on the ice. • Athletes should wear a “No Contact” identification pinny. Date completed: (mmddyyyy): _____ _____ Athlete Signature Parent/Guardian Signature		<ul style="list-style-type: none"> • Return to full days at school & academic activities, without accommodations related to the concussion. • For return to sport & physical activity, including physical education class, refer to the Ringette-Specific Return-to-Sport Strategy. <input type="checkbox"/> Check when complete.
If the athlete can tolerate the usual intensity of activities with no return of symptoms, progress to Step 5.		<p style="text-align: center;">Return to School is complete.</p>
Step 5: Return to all non- competitive activities, full-contact practice & physical education activities		
<ul style="list-style-type: none"> • Progress to higher-risk activities including typical training activities, full-contact ringette practices & physical education class activities. • Do not participate in competitive gameplay. Date completed: (mmddyyyy): _____ _____ Athlete Signature Parent/Guardian Signature		
If the athlete can tolerate non-competitive, high-risk activities, progress to Step 6		
Step 6: Return to sport.		
<ul style="list-style-type: none"> • Unrestricted sport & physical activity • Full game play Date completed: (mmddyyyy): _____ _____ Athlete Signature Parent/Guardian Signature		
<p style="text-align: center;">Return to Sport is complete.</p>		

First game back (mmddyyyy):

Notes: