



KAMLOOPS

Kamloops Minor Hockey Association
PO BOX 24018, 70 – 700 Tranquille Rd,
Kamloops BC, V2C 5M8
Email kamhockey@telus.net
Web Page www.kamloopsminorhockey.com
Ph. 250-376-1788

RETURN TO PLAY FORM

DATE: _____

PATIENTS NAME: _____

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

_____ NO RESTRICTIONS

_____ RESTRICTIONS

DESCRIPTION OF RESTRICTIONS (AS REQUIRED) _____

PHYSICIANS NAME (PRINT) _____

PHYSICIANS SIGNATURE _____