



SHERWOOD PARK MINOR SOFTBALL ASSOCIATION

Return to Play Form

This information is strictly confidential and will only be used to assist in the injured player's safe return to play.

Player Name	
Date of Injury	
Primary Complaint	

Diagnosis: _____

The following are considerations/restrictions with respect to return to play:

Name of Treating Healthcare Professional Signature Date

I agree with the above plan and am knowledgeable about my child's condition and situation.

Name of Parent/Guardian Signature Date

Disclaimer: Personal information used, disclosed, secured or retained by the Sherwood Park Minor Softball Association will be held safely for the purposes for which we collect it and in accordance with the National Privacy Principles contained in the Personal Information Protection and Electronic Documents Act

Our Mission:
To provide young players the opportunity to learn and enhance their skills in an environment focusing on fun, fair play and development.