



Injury Documentation & Verification Form

Name: _____

Date of Occurrence: _____

Opponent: _____

Date of Submission: _____

Event Name & Location: _____

Circumstances of Injury:

Description of Injury:

I _____, being of sound mind and judgment, do concede the remainder of my matches in the event mentioned above due to the injury described. I attest that the information presented above is true and accurate, and that I cannot continue to participate in this event due to real or perceived risk to my health and well-being. I fully understand the implications of this action as they pertain my provincial ranking based on the "Injury Default" clause of Squash Alberta's Ranking Policy, explained at:

<http://squashalberta.com/content/injury-illness-match-default-rules>.

Signature of Participant

Signature of Match Referee

Signature of Opponent/Witness

Signature of Tournament Referee