



Athlete “Return to Play” Form

NOTES:

To Be Completed by the Physician and/or Parent/Guardian for injuries which occur within/outside of OGC training and competition and involve the head or spine (dizziness, blurred vision, loss of feeling etc.).

Program Directors have the authority to request the completion of the form for other injuries at their discretion.

The completed form and Doctors authorization must be Submitted to the Ottawa Gymnastics Centre prior to the next scheduled class/training session

Athlete’s/Participants Name:		Age:
Address:		Level:
Telephone:	Parent/Guardian Name:	
Date of Injury:	Event:	
Name of Physician:	During Practice <input type="checkbox"/>	
Telephone:	During Competition <input type="checkbox"/>	
Nature of Injury:		
Outside of Gym <input type="checkbox"/>		
Circumstances/Limitations Under Which Athlete Can “Return to Play”:		

I understand that prior to returning to play the above information must be complete and all conditions described by the attending physician must be met.

Signature of Parent/Guardian _____
Date

FOR CLUB USE ONLY

Received:	Return to Play Date:
Authorized By:	