

City of Ottawa Ringette 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 a	re considerations/ restrictions with respect to return to play:
Name of Treating	g Healthcare Practitioner:
Signature:	
Date:	
I agree with the	above plan and am knowledgeable about my child's condition and situation.
Name of Parent:	
Signature:	
Date:	