

## HOCKEY TRAINERS CERTIFICATION PROGRAM RETURN TO PLAY

\_\_\_\_\_  
Name of Player

is able to return to play following injuries sustained on

\_\_\_\_\_  
Date

Considerations /restrictions with respect to return to play:

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\_\_\_\_\_  
Name of Treating Physician

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

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

***Disclaimer: Personal information used, disclosed, secured or retained will be held solely for the purposes for which we collected it and in accordance with the National Privacy Principles contained in the Personal Information Protection and Electronic Documents Act.***