



Please forward to:  
Edmonton Girls Hockey Association  
PO Box 53510  
Ellerslie RPO  
Edmonton, AB.  
T6X 0P6

Web Page: [www.egha.ab.ca](http://www.egha.ab.ca)

## RETURN TO PLAY FORM

DATE: \_\_\_\_\_

PATIENTS NAME: \_\_\_\_\_

IS HEREBY MEDICALLY CLEARED TO RETURN TO HOCKEY WITH (CHECK IF APPLICABLE) FOLLOWING INJURIES SUSTAINED \_\_\_\_\_(DATE).

\_\_\_\_\_ NO RESTRICTIONS

\_\_\_\_\_ RESTRICTIONS

DESCRIPTION OF RESTRICTIONS (AS REQUIRED) \_\_\_\_\_

\_\_\_\_\_

PHYSICIANS NAME (PRINT) \_\_\_\_\_

PHYSICIANS SIGNATURE \_\_\_\_\_

LEGAL GUARDIAN NAME (PRINT) \_\_\_\_\_

LEGAL GUARDIAN NAME-SIGNATURE \_\_\_\_\_

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