

WESTERN CONNECTICUT YOUTH HOCKEY ASSOCIATION
JR COLONIALS

Resume Participation Medical Clearance Form

RESUME PARTICIPATION MEDICAL CLEARANCE FORM IS REQUIRED TO RESUME PARTICIPATION IF ANY INJURY, ACCIDENT, OR ILLNESS REQUIRED ANY WCYHA PARENT TO SEEK MEDICAL ATTENTION FOR ANY WCYHA PLAYER. EXAMPLES INCLUDE, BUT ARE NOT LIMITED, TO BRAIN INJURIES, BROKEN BONES, RESPIRATORY AILMENTS.

I, hereby my signature below, do certify that I am licensed by the state and am qualified in determining that: (Childs Name:) _____ is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from RESUMING participating in youth ice hockey. I am therefore clearing this individual for athletic participation.

Signature

Print Name Clearly

Date

Office Address

PLEASE NOTE: If this Resume Participation Medical Clearance is voided by injury, accident, or illness, it will be the responsibility of the Parent/Legal Guardian to notify the participants Coach and WCYHA Officials. It will also be the responsibility of the Parent / Legal Guardian to obtain WRITTEN permission from his/her physician to resume participation. A new "Doctors Resume Participation Medical Clearance Form" is available from the WCYHA web site or you may have the doctor supply his/her own WRITTEN Clearance as long as it is on the doctor's official stationary and includes the following statement: "(Participants Name) is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from RESUMING participating in youth hockey or athletic activities. I am therefore clearing this individual for athletic participation.



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