



HOCKEY TRAINERS CERTIFICATION PROGRAM RETURN TO PLAY

	Name of Player	
is ab	ole to return to play following injuries sustained on	
	Date	
Considerations /restrictions with re	spect to return to play:	
Name of Treating Physician	Signature	
Date:		
This information is strictly confidence records will be returned to the plant	ential and will only be used to assist in the player's safe return to ayer.	play. A

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