

**2019 Foothills Fury Return to Play Form**

I, \_\_\_\_\_, am able to return to  
play following the injury/injuries sustained on \_\_\_\_\_

Restrictions and/or considerations with return to play:

Name of Physician/Chiropractor/Physiotherapist:

\_\_\_\_\_

Type of Medical Practitioner:

\_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date (YYYY/MM/DD): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

