

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): _____ / _____ / _____