

Inability to Play Notification



Form must be submitted to the Registrar prior to the first missed game

Organization: _____

Player Name: _____

USA Hockey Number: _____ Date of birth: __/__/____ Grade level _____

Notification of

Inability to play Return to play

Inability to play qualifying circumstance(s):

Medical reasons

Physical injury

Academic Ineligibility

If Medical reasons or Physical Injury are selected, please provide the prevailing circumstances that would be the basis of consideration for a waiver from the existing rule of Playoff Eligibility

Player's signature: _____ Date: __/__/____

Parent's signature: _____ Date: __/__/____

Coach's signature: _____ Date: __/__/____

Team Delegate: _____ Date: __/__/____

DELEGATES, please note that per the HVHSIHA's By-Laws a doctor's note is required to return from a medically related or physical injury absence. Please be aware that it is your Organization's responsibility to maintain this note on file