



Baltimore Area Special Hockey

P O Box 42793, Towson, MD 21284-2793.....410.370.1818

Website: www.BaltimoreSaintsHockey.org

Email: BaltimoreSaints@verizon.net

Medical Clearance Certification

Personal Data

Athlete's name: _____

Date of Birth: _____

Medical Clearance: (to be completed by physician)

Date of most recent medical exam: _____

Physician's Statement:

The above named athlete is medically cleared to participate in the Baltimore Area Special Hockey program.

Physician's signature

Date

Printed name