



FIT TO TRAIN RELEASE

- If an athlete's training was modified due to Injury, illness or other medical circumstance this form must be completed prior to their return to full training.
- This form must be completed and signed by a medical practitioner.
- Fit to Compete waivers must be received by the Head Coach a minimum of 24 hours prior to the next scheduled training. This allows for the coach to plan for your son/ daughter's gradual re-entry to full training

Athlete Information:

Athlete Name (First & Last Name): _____ D.O.B: _____
FIRST NAME LAST NAME MM/DD/YYYY

Parent/Guardian(First & Last Name): _____ Athlete Age: _____
FIRST NAME LAST NAME

Phone (H): _____ Phone (Cell): _____

Email Address: _____

Level & Age Category: _____

Group: _____ Coach: _____

Head Coach: _____ Last day of "FULL" training: _____

Description of Injury, Illness, or medical circumstance:

Date of Injury/illness/ medical circumstance: _____

Outline of training modifications due to injury/illness/medical circumstance:

Medical Practitioner Name: _____ Phone : _____

Is the athlete fit to return to full training/ competition:	PLEASE CIRCLE:	
	YES	NO

DATE: _____

If the athlete is fit to train/or compete please list any suggestions or limitations as they transition into their full training program:

I hereby declare that the above information is true and correct

Medical Practitioner Name (Please Print)

Parent or Guardian Name (Please Print)

Medical Practitioner Signature

Parent or Guardian Signature

Date:

Date:

FOR OFFICE USE ONLY

Date Received: _____

Coach Signature: _____

Head Coach Signature _____

First Day of Full training: _____