



North London Sports Association Return to Play Authorization

My son/daughter has been seen by a Physician _____ (Yes/No). Player is cleared to return to game level play _____ (Yes/No) or practice only _____ (Yes). The player must wear complete hockey safety equipment (with no exceptions) before they are allowed on the North London Sports Association ice.

Physician Restrictions: _____

I give my consent as a parent/guardian for player to return under the above clearance with the North London Nationals _____ team.

Player Name: _____

Injury: _____

Physician Name: _____ Signature: _____

Date: _____

Parent/Guardian: _____ Signature: _____

Date: _____

Trainer: _____

North London Sports Association (NLSA) Concussion Protocol:

If a player receives a hit to the head and/or a player displays "ANY" concussion like symptoms the player is to be immediately removed from the ice/further play. The player is not allowed to return to NLSA ice until they have been cleared to do so by a Physician. NLSA also requires the player to have a Return to Play Authorization form completed, signed and submitted to the Trainer by the parents/guardian before they are allowed on NLSA ice.

Copy must be sent to NLSA, Director Risk Management risk@northlondonhockey.ca