



Ottawa Gymnastics Centre

Return to Sport Form

Date: _____

NOTES:

- To be completed and signed by a medical professional.
- Completed form must be submitted to the Ottawa Gymnastics Centre prior to the athlete returning to training.

Athlete Name: _____

Date of Injury: _____

Nature of Injury:

Circumstances/Limitations under which athlete can return to sport:

Medical professional's name: _____

Medical professional's signature: _____

I understand that prior to returning to sport the above information must be complete and all conditions described by the medical professional must be met.

Parent's signature: _____