

# NDUFC RETURN TO PLAY FORM

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The following information is strictly confidential and will only be shown to the player's team officials and the club head coach so it can be used to assist in the player's safe return to play. It will be stored under the club's privacy policy.

Player Name : \_\_\_\_\_

Parent/Guardian Name : \_\_\_\_\_

Team Name (eg U12G) : \_\_\_\_\_ Team Head Coach: \_\_\_\_\_

Injury Date : \_\_\_\_\_ Description : \_\_\_\_\_

Restrictions with respect to returning to Soccer Practice and Soccer Game Play:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Physician: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_