



THA INJURY MANAGEMENT STATEMENT

Note: This statement applies to all Toowoomba Hockey Association Inc. (THA) representative players in talent identified groups, squads or teams.

All players should make full, complete, ongoing disclosure to THA team officials, Regional Coaching Director or the Junior/Senior Chairman of Selectors, where appropriate, of any injury or illness suffered by the player that may prejudice the player's performance in the team during training or playing.

Injury/Illness type _____

Injury/Illness Date _____

Clearance Date _____

Followup (eg.medication/physio) _____

Players returning from injury or illness must provide a medical certificate or report from attending medical professional prior to recommencing training or playing. Please attach.

Medical details will remain the confidentiality of the THA.

_____/_____/_____
Players Name **Date**

_____/_____/_____
Player/Parent/Guardian Signature **Date**
(if applicable)

Office Use Only	
Approved by THC: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Approved: ____/____/____ Signature: _____ Name (please print): _____