

RAVENS RETURN TO PLAY FORM

	Name of	Player
is able to ret	urn to play follo	wing injuries sustained on
	Dat	e
Considerations /restriction	is with respect t	o return to play:
	3.2	
	I DV	
		VENS /
		OLLEYBALL
Name of Medical Authority		Type of Medical Authority
Date:	Signature:	

This information is strictly confidential and will only be used to assist in the player's safe return to play. All records will be returned to the player.