

Upper Canada Cyclones Policy for Injured Players

An Injury Report must be completed when:

- A player required the assistance of a trainer due to an injury which results in the course of a hockey event.
- A player is taken by ambulance to a hospital.
- If the injury will not allow the player to return to active duty based on a physicians diagnosis.
- If the possibility exists that there could be any expenses related directly to the injury or if a possible claim/suit could result from the injury against the Hockey Canada insurance program.

It is the Team Management's / Trainers Responsibility to file claims and reports.

(Taken directly from the ODMHA website)

Return of injured player policy:

When a player has left a practice/game because of an injury (Not finished the game or practice due to injury), or visited a physician because of a practice or game injury. The following needs to happen prior to the player returning to practice or game environment.

Player returning to a practice excluding body contact drills:

Player must provide the trainer with a **medical professional** note stating the player can participate in a practice environment excluding body contact drills or a note from the **player's parent/legal guardian** waiving the Upper Canada Cyclones from all liability if the player is re-injured during practice. (See sign off form attached)

Player returning to a sanctioned full body contact game or full body contact practice:

Player must provide the trainer with a **medical professional** note stating the player can participate in a full body contact sanctioned game or full body contact practice.

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Parent authorization form to return to practice

I _____ parent/legal guardian of player _____ ,

Request he be allowed to return to non-contact practice. I accept full responsibility for this decision and I acknowledge that I am returning my son to practice without written approval of a medical professional. I release the Upper Canada Cyclones and the head coach of my son's team from any and all liability associated with this decision.

Signature of parent/guardian

Date