



Peninsula Prowl Return to Participation Waiver

Date: _____

The parent / guardian of the player listed below has presented documentation from a qualified healthcare professional releasing the player to full program participation. The Peninsula Youth Hockey Association member listed below physically reviewed the document and can attest that it released the player to full program participation on the date of review identified on this form.

PLAYER INFORMATION:

Player Name: _____
(print full name)

Player Date of Birth: _____

Parent / GUARDIAN:

Parent / Guardian: _____
(print full name)

Parent / Guardian: _____
(signature / date)

PYHA MEMBER:

PYHA Member: _____
(print full name)

PYHA Member: _____
(signature / date)

Received by PYHA Vice President of Hockey Programming

(signature / date)