



ONTARIO HOCKEY ASSOCIATION MEDICALLY UNFIT FORM

PLEASE SEND COMPLETED FORM TO - By Email: bdettwiler@ohahockey.ca

OHA REGULATION 21.8

Players, who are injured or become medically unfit to play for the balance of the season, may be DECLARED AS OF DECEMBER 1ST, but shall not count in the total number. It is understood that such player will not be able to compete or be transferred to any other team for the balance of the season and a medical certificate satisfactory to the OHA must be provided. In addition, the player must agree to the injured designation, and submit documentation to this effect, as requested by the OHA, that he also understands the sanctions.

NOTE: Player may be declared anytime time after December 1st of the current season. Not December 1st only.

THIS SECTION MUST BE COMPLETE AND SIGNED BY ALL PARTIES

PLAYER INFORMATION					
PLAYER:					
D.O.B.					
ADDRESS:					
CITY:		POSTAL CODE:			
INJURY OR MEDICAL CONDITION: (attach Doctor's note)					
TYPE OF INJURY:					
DATE OF INJURY:					
PHYISCAN NAME:		SIGNATURE:		DATE:	
TEAM INFORMATION					
TEAM DECLARING:					
TEAM OFFICIAL – TITLE:					
PRINT NAME:		SIGNATURE:		DATE:	
PLAYER CONSENT					
PLAYER CONSENT (Also by parent if under age of 18.)			It is understood that such player will not be able to compete or be transferred to any other team for the balance of the season.		
PRINT NAME		SIGNATURE:		DATE:	
PARENT		SIGNATURE:		DATE:	
Office purposes only - Approved by:				Date:	

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