

**Physician's Statement of Injury**

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Playing Limitations: \_\_\_\_\_

\_\_\_\_\_  
Physical Restrictions:

\_\_\_\_\_  
Anticipated date to be released from care to  
compete: \_\_\_\_\_

\*Physician's signature:  
\_\_\_\_\_

\* I am not related to the player requesting this waiver by blood or marriage.