

# Northwest Chargers Injury Refund Request Form

**I. Member Information**

Player's name: \_\_\_\_\_

Level/team: \_\_\_\_\_

**II. Injury Description:** (please provide a brief description of the type of injury and cause)

**III. Injury date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**IV. Return to ice date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**V. Total duration (in weeks) of injury:** \_\_\_\_\_

**VI. Medical Release Form provided by physician** (please circle one)      **Yes / No**

**VII. Confirmations:**

I hereby confirm that the information provided above is accurate and truthful.

**Player's parent**

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Player**

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Team coach**

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Team manager**

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

***The above form must be completed and returned to the Northwest Chargers Treasurer prior to any decision on the request for an injury related refund. As a reminder, medical related injuries and illnesses will be considered on an individual basis for possible pro-ration of fees once a player has missed 8 consecutive weeks of the season. Pro-ration, if granted, will begin after the 8<sup>th</sup> week.***