



INJURY REFUND REQUEST FORM

Member Information

Player's Name: _____

Level/Team: _____

Injury Description (PLEASE PROVIDE A BRIEF DESCRIPTION OF THE TYPE OF INJURY AND CAUSE)

Injury Date: _____

Return to Ice Date: _____

Total Duration (in weeks) of Injury: _____

Medical Release Form Provided by Physician: (PLEASE CIRCLE ONE) **YES** **NO**

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

Player's Parent

Print Name: _____

Signature: _____

Date: _____

Player

Print Name: _____

Signature: _____

Date: _____

Team Coach

Print Name: _____

Signature: _____

Date: _____

Team Manager

Print Name: _____

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 8th week.