



**RETURN TO PLAY**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Team \_\_\_\_\_ Division \_\_\_\_\_

Coach \_\_\_\_\_

**Injury Diagnosis:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To WHOM IT MAY CONCERN:**

**I HAVE EXAMINED THE ABOVE NAMED ATHLETE AND HEREBY CERTIFY THAT HE/SHE IS CLEARED TO RESUME PLAY IN LITTLE LEAGUE BASEBALL. TO THE BEST OF MY KNOWLEDGE, HE/SHE HAS HAD SUFFICIENT HEALING AND/OR REHABILITATION OF THEIR INJURY TO SAFELY RESUME PLAY WITHIN A REASONABLE DEGREE OF MEDICAL CERTAINTY.**

**SIGNATURE** \_\_\_\_\_ MD / DO/ CNRP / PA

**DATE:** \_\_\_\_\_