

APPENDIX D | MEDICAL CLEARANCE FORM TEMPLATE

Legal Name of Participant:	
Date:	

NOTES FOR LICENSED HEALTHCARE PROVIDER

Junior roller derby is a sport with varying levels of contact. Players may regularly fall, but are taught to do so in a safe manner whenever possible. Below are the levels of play / contact with others, and required skills to participate in at each level of gameplay.

Level 1: No Contact	<p>Players at this level are becoming masters of their skates, learning basic gameplay and teamwork, and beginning to scrimmage and play positionally. Skill Level 1 allows positional blocking only and all intentional contact with an opponent is prohibited.</p> <p>Skills examples – stable stance and strides, stops, falls (knee taps, double knee, four point), stepping from standstill, one foot balance.</p>
Level 2: No acceleration into contact	<p>Players at this level begin making contact, with Lean Blocking (pushing contact) only, in scrimmages and games. They are learning advanced teamwork, strategic gameplay, as well as rules and regulations. Skill Level 2 allows Lean Blocking only - initiating with forceful contact is not allowed. After initial contact is made gently, players may apply force to legal Target Zones with legal Blocking Zones.</p> <p>Skills examples – crossover and agility footwork, one foot balance while moving, assisting teammates with arms and hips, side-to-side and front-to-back leaning contact, pushing and receiving pushes, hopping.</p>
Level 3: Full Contact	<p>Skaters who pass the Skill Level 3 Assessment demonstrate adult-level competency on skates and with the rules. Level 3 skaters practice, scrimmage and play using full-contact rules.</p> <p>Skills examples – transitions from forwards to backwards and backwards to forwards while moving, giving and receiving forceful contact at the hips and shoulders, avoiding obstacles, backwards skating.</p>

CLEARANCE & CONDITIONS <i>(Filled out by Licensed Healthcare Provider only)</i>	None	Level 1	Level 2	Level 3
The participant above has medical clearance for the following levels of play:				
Graduated return-to-play plan prescribed? If yes, attach to this form.	YES		NO	
Restrictions? If yes, explain below:	YES		NO	

NOTES *(include any restrictions and instructions)*

HEALTHCARE PROVIDER INFORMATION & SIGNATURE

<i>Legal Name:</i>		<i>Phone Number:</i>	
<i>Practice Address:</i>		<i>License #:</i>	
<i>Signature:</i>		<i>Date:</i>	