



High Plains Drifters

Submit to: Drifters

Attn: Craig Henderson

Injury Release Form

7410 Lynnlee

Amarillo, TX 79121

Date _____

Form must be received before the 5th of the month or will not be effective until the following month.

Player's Name _____

Team _____

Date Injury Occurred _____

Describe Injury _____

Anticipate Date of Return _____

(Will not be allowed to return to team until receive a physician note clearing player.)

Send to same address above.

Parent's Signature _____

*** Must attach physician note stating players injury.**

To return to practice and games player must submit physician note stating player is cleared for soccer.

Office Use Only:

Date Release Granted _____

Date Cleared to Return _____