



PREP HOCKEY CLUB
Player Injury Refund Request Form

Player 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** ____/____/____ **Duration of injury** _____

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

Parent's name (please print) _____

Parent's signature _____ **Date** ____/____/____

Team coach signature _____ **Date** ____/____/____

This form must be submitted to the PREP Hockey Club Treasurer prior to any decision on the request for an injury-related refund.

This form must be accompanied by a medical release form from the player's physician.

As a reminder, injuries and illnesses will be considered on an individual basis for possible proration of fees once a player has missed 8 consecutive weeks of the season. Proration, if granted, will begin after the eighth week.

