Kings Hammer - Injury Notification Form

All Kings Hammer Soccer Club fees are NON-REFUNDABLE. In the unfortunate event of an injury that sidelines a soccer athlete, fees will be pro-rated against the remaining season and credited towards next year's fees. To receive credit for next year's fees this injury notification and a doctor's note form MUST be submitted no more than 30 days after the occurrence, this also includes any high school sports related injuries that may carry over into the club soccer season. Any forms submitted after 30 days of injury or missing a doctor's note will be rejected.

1. Email completed form and doctor note to: Christy@kingshammer.com

PLAYER INFORMATION: (TYPE o	r PRINT LEGIBLY)		_
Player's Name:		_ Player Date of Birth:	
Program:	Team Name:		
Parent/Guardian Name:			
Parent/Guardian Phone and Ema	ail:		
INJURY INFORMATION			
Date and Location of Injury:			
Description of Injury (please use	back of sheet, if needed):		
Medical Provider's Name:			
Please include a doctor's note/po	aperwork with this form		
Expected Return Date, if application of the control	ble: r longer, please indicate as such.		
KINGS HAMMER SOCCER CLUB	OFFICE USE ONLY		
Date Received:	Date email sent to Direc	ctor/Coach for verification:	
Decision:			
Follow-up Method / Date:			