

This form to be completed by the Parent or Guardian of the Player wishing to wear a helmet of the approved type who is suffering from a Medical condition and is to be certified by a Medical Practitioner (Junior Bylaw 31.2.1)

APPLICATION TO WEAR PROTECTIVE HEADGEAR

To the Registrar

Peel Districts Junior Competition Council

Re: *Player Name* _____

Address _____

Junior Club _____

Team _____

Signed By _____

Parent or Guardian

TO BE COMPLETED BY MEDICAL PRACTITIONER

I hereby certify that the above named player is suffering from:

And in my view will receive adequate protection in respect of potential injury by wearing the protective headgear.

I hereby certify that any medical disability from which the above player suffers will not be affected if he/she receives injuries to the head whilst wearing protective headgear.

Signed by _____
(Medical Practitioner)

Address _____

Date _____

CLUB CERTIFICATATION OF PROTECTIVE HEAD GEAR

I have sighted the protective headgear to be worn by the above player. The headgear is Sports Physician approved

State Brand _____

Signed _____

Official Position _____

Date _____

Central Umpire
Peel Districts Junior Competition Council

The Junior Competition Committee has approved the wearing of protective headgear by the above player.

Signed _____
On behalf of the JCC

NOTE: THIS FORM MUST BE TAKEN TO ALL GAMES AND MADE AVAILABLE TO THE UMPIRE ON REQUEST

