

APPENDIX D | MEDICAL CLEARANCE FORM TEMPLATE

Legal Name of Participant:	
Date:	

NOTES FOR LICENSED HEALTHCARE PROVIDER	
<p>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 at each level of gameplay.</p>	
Level 1: No Contact	<p>Players at this level are developing their skating skills, learning basic gameplay and teamwork, and starting positional scrimmage play. Only positional blocking is allowed 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 using only Lean Blocking (pushing contact) in scrimmages and games. They learn advanced teamwork, strategic gameplay, and rules. Initiating with forceful contact is not allowed. Lean Blocking requires gentle initiation of contact, <i>then</i> 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>Players who pass the Skill Level 3 Assessment demonstrate proficiency on skates and with the rules. Level 3 players 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 <i>(include any restrictions and instructions)</i>				

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>	