



# Catalyst Gymnastics

## Return to Training After Injury/Illness

To be completed by the Physician and Submitted to Catalyst Gymnastics prior to their next scheduled class/training session.

Name:	Team/Class
Coach:	Parent:
Nature of Injury:	Date of Injury:
Dr. Name:	Where did injury occur?  Training__ Competition__ Outside Gym__
<p>Please list any physical restrictions for this athlete to return to gymnastics training.</p>	

Before resuming play, it is essential to have all the mentioned information completed and meet all the conditions specified by the attending physician.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_