JACKSON HOLE SKI & SNOWBOARD CLUB

RETURN TO SPORT

Mission Statement: To inspire and develop student-athletes through innovative and accessible ski and snowboard programs that provide opportunities to pursue personal excellence in snowsports and life.

Please complete the following information to support a student-athlete's return to sport.

Student-Athlete Name:	
Date of Exam:	
Clinic Name:	
Physician's Name:	
Clinic Phone Number:	

_____ was seen and evaluated in our clinic today. They have no evidence of concussion and they can resume full activity, with no restrictions.
I have successfully completed a continuing education course in the evaluation and management of concussive head injuries within three years of today's date.

Physician's Signature: _____

Date: _____