

# Serious Medical Injury or Illness and Request for Credit Form

(As referenced in the Serious Injury or Illness Policy of Contract)

**To the Medical Provider** *The following is to be filled out and signed by the treating physician or licensed medical provider. Please use blue ink.*

Skater Name:

Date of Serious Injury or First Knowledge of Illness:

Nature of Serious Injury or Illness:

**Restrictions on Activity** (please check those boxes that apply and fill out specific dates of restriction)

**It is my professional medical opinion that the above named skater may not participate in on-ice figure skating due to the above described serious injury or illness.**

**Dates of Restriction (specific calendar dates are required):**

**It is my professional medical opinion that the above named skater may not participate in off-ice sessions (conditioning, flexibility, ballet) due to the above described serious injury or illness.**

**Dates of Restriction (specific calendar dates are required):**

By signing below, I hereby affirm that the above described serious injury or illness is the *sole reason* the skater is not able to participate in skating-related activities and that all other information is true and accurate to the best of my knowledge.

Signature of Medical Provider/Credentials: \_\_\_\_\_

Contact Address & Phone Number of Medical Provider:

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**To the Skater and/or Parent/Responsible Party** *This completed form is required for consideration of credit for ice time due to the rare and unfortunate incident of serious medical injury or illness of a skater. All requests are approved at the sole discretion of LSA by and through the Chair of the Contract Committee. Requests for credit must meet all criteria and follow the process outlined in the Serious Injury or Illness Policy found in the contract. This form, in the original, is to be submitted to the Chair of the Contract Committee as soon as possible after the occurrence of a serious injury or knowledge that a serious illness will cause a skater to **miss thirty (30) or more***

**consecutive ice days** but no later than **before a skater returns** to ice and/or off-ice sessions after a serious injury or illness for which ice credit is being requested. All contract payments must continue to be made during the injury period. All forms, including a detailed list of all sessions missed, must be submitted **before** a skater can return to the ice if he/she is seeking credit for time missed. Credits must be used in the next contract period following the return to ice of the skater.

**Criteria & Compensation:** Requests for credit must meet all criteria and follow the process outlined above. Credit for ice time due to the rare and unfortunate incident of medical injury or illness will be considered for a skater that will **miss thirty (30) or more consecutive ice days**. Approved credit for ice time will be issued at **fifty percent (50%)** of the value of the days missed. Flex cards, trade cards and synchro contracts are not eligible for credit.

By signing below, I hereby affirm that the above described serious injury or illness is the *sole reason* the skater is not able to participate in on-ice and off-ice skating activities and that all other information is true and accurate.

Signatures attesting to the above:

Skater: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/responsible party (if skater is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

**Total amount of serious injury or illness credit claimed: (Attach a list of the day, time, and cost of all sessions missed due to serious injury or illness.)**

*If approved, a copy of this form is to be attached to the registration document for the next skating available skating session in which skater's medical restrictions are lifted. The original form will be retained by LSA.*

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**Approval**

**Approved for Ice Credits submitted between the following dates:**

**Beginning Date:**

**Ending Date:**

**Approval Signature/Date:**

**Not approved for Ice Credits**

**Rejection Signature/Date:**

**Reason Rejected:**

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*The below section is to be completed by LSA before approved ice credits may be given. You may receive your approval copy before this is done and will be notified only if there is a discrepancy between your claim of credits and previously contracted and paid ice time.*

**Verification of Paid Ice Time**

The above approved ice time credit has been verified as previously contracted with and paid to LSA by the claiming skater and/or responsible party/parent.

Signature of verifying party on behalf of LSA/Date: