



ALABAMA ASA

6340 Vista Trail * Southside, Alabama 35907

Doctor's Release after Sport's Injury

I have examined _____ and can certify that I am releasing the
Player's Name

Player to return to softball competition on this date _____
Date of Release

Healthcare Provider's Signature

Type of Practice

Printed Name

Telephone Number

Address

Date



THIS FORM MUST BE SIGNED BY ATTENDING PHYSICIAN AND A GIVEN TO THE ALABAMA ASA STAFF MEMBER AT TOURNAMENT SITE AND A COPY FORWARDED TO THE ALABAMA ASA STATE OFFICE.

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