



ELK RIVER YOUTH HOCKEY ASSOCIATION Player Injury Credit Request Form

The following steps must be performed for the request to be considered:

1. The Player Injury Credit Request form must be completed. Missing or incomplete information will delay processing. Fraudulent information may be cause for corrective action.
2. A copy of the doctor's note must be included with the form
3. Paperwork must be submitted after the return date has been established and signed off on by the head coach
4. Submit the completed paperwork to:

ERYHA Attn Registrar PO Box 193 Elk River, MN 55330

Players Name: _____
Address: _____
City, State, Zip: _____
Phone: _____

Team: _____
Head Coach: _____

Description of Injury: _____

Date of Injury: _____ Date of Return: _____

Parent's Signature _____ Date: _____

As head coach, I confirm the above information provided is accurate and true.

Head Coach's Signature: _____ Date: _____

Board Decision: Credit Awarded Credit Not Awarded
Credit Amount \$ _____ Parent Notified

Board Representative Signature: _____