



COLONIAL FIGURE SKATING CLUB

Excused Medical Leave Form | 2026-27 Season

Skater Information

Skater's Name: _____ Date of Request: _____

Email Address: _____
(Parent/Guardian email if skater is under 18)

Phone Number: _____
(Parent/Guardian phone if skater is under 18)

Medical Details

Dates Medical Leave Requested: _____ Date of Illness/Injury: _____

Type of Illness/Injury: _____

Physician's Name: _____ Physician's Phone: _____

Physician's Address: _____

Letter from Doctor Attached? YES NO (If no, date letter is expected: _____)

Medical Policy & Requirements

- Documentation:** The skater must provide a signed medical statement from a licensed physician within **one week** of the injury or illness. The letter must clearly state the skater is unable to skate and include the specific start and end dates for the excused period.
- Contact Info:** Complete contact information for the treating physician must be provided on this form for verification.
- Eligibility:** An excused absence must be for a minimum of **5 consecutive sessions** of scheduled ice time.
- Session Switches:** Skaters must use all available cancelled session switches before being eligible for a medical refund or credit.
- Termination of Leave:** The excused medical leave expires immediately once the skater returns to the ice, even if the return date is earlier than the date specified in the doctor's letter.
- Discretion:** The CFSC Board of Directors reserves the right to request additional documentation or verify details with the physician.
- Refunds/Credits:** Approved medical leaves will be processed as a refund or account credit at the discretion of the Board. Medical credits expire at the conclusion of the season in which the skater returns to the ice.

Skater Signature: _____ Date: _____
(Parent/Guardian signature if skater is under 18)

FOR OFFICIAL USE ONLY

Board Approval: YES NO Date of Decision: _____ Switches Remaining: _____

Skater Notified: YES NO Refund/Credit Issued: YES NO Amount: \$ _____