

**COLONIAL FIGURE SKATING CLUB  
Excused Medical Leave Form**

Skater's Name \_\_\_\_\_

Phone Number (parent if under 18) \_\_\_\_\_

Email Address (parent if under 18) \_\_\_\_\_

Date of Request \_\_\_\_\_ Date of Illness/Injury \_\_\_\_\_

Dates Medical Leave Requested \_\_\_\_\_

Type of Illness/Injury \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Letter from Doctor Is Attached YES NO If No, Date Letter Expected \_\_\_\_\_

Skater's Signature (parent if under 18) \_\_\_\_\_

**Medical Policy – Version 10/24/15**

1. The skater must provide a medical statement from a licensed doctor, within a week of the injury/illness, indicating that the skater is not able to skate, along with the specific beginning and ending dates the skater is excused from skating.
2. The skater must provide the doctor's contact information.
3. The CFSC board reserves the right to require additional documentation if necessary.
4. An excused absence must be for more than 5 consecutive days.
5. The skater must use up all cancelled session switches before being eligible for a refund.
6. Once the skater returns to the ice, the excused medical leave will terminate, even if it is within the time period indicated on the doctor's letter
7. Approved medical leaves will be refunded via check to the skate

**FOR OFFICIAL USE:**

Board Approval YES NO Date of Board Decision \_\_\_\_\_

Skater Notified YES NO # Switches Remaining \_\_\_\_\_ Refund Issued YES NO