



# USA Disabled Hockey Minimum Disability Certification Form



Name \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Phone: Area Code \_\_\_\_ / \_\_\_\_ - \_\_\_\_

Team Name/Location \_\_\_\_\_

Team Classification: (check one)     Adult Team     Youth Team

Date of Onset \_\_\_\_\_ Cause \_\_\_\_\_

**DISABILITY CERTIFICATION:** (Please explain in full your disability (diagnosis)).

**The above date of onset, cause, and description is correct to the best of my knowledge and meets the criteria required to be rostered for a USA Disabled Hockey sled team. USA Disabled Hockey allows for three able bodied (AB) players per adult roster. No AB players may be rostered for youth sled teams.**

\_\_\_\_\_  
**Signature of player (or guardian if under age 16)**

\_\_\_\_\_  
**Date**