



KANATA MINOR HOCKEY ASSOCIATION

MOUTH GUARD EXEMPTION FORM

Date:

To Whom It May Concern:

Please be advised that player: \_\_\_\_\_

Number: \_\_\_\_\_

Of the \_\_\_\_\_, team,

Of the \_\_\_\_\_, division,

Of the Kanata Minor Hockey Association

Has provided confirmation from his/her physician or dentist, to the KMHA Risk, Safety and Conduct Coord, indicating that he/she is exempt from wearing a mouth guard due to medical or dental reasons.

Date exemption received: \_\_\_\_\_ copy attached.

The player and parent (s) acknowledge the risk of not wearing a mouth guard, and accept total responsibility should an accident occur as the result of not complying with the KMHA policy.

KMHA will retain this letter on file. The letter of exemption is valid for the 20\_\_\_\_ - 20 \_\_\_\_ season only.

Signed: \_\_\_\_\_ (Player/Guardian) date \_\_\_\_\_

Signed: \_\_\_\_\_ (Parent/Guardian) date \_\_\_\_\_

Signed: \_\_\_\_\_ (KMHA R,S & C) date \_\_\_\_\_