



OTTAWA DISTRICT HOCKEY ASSOCIATION

1247 Kilborn Place, Suite D300, Ottawa, Ontario, K1H 6K9
Telephone: (613) 224-7686 Fax: (613) 224-6079

www.odha.com

ODMHA Mouth Guard Exemption

Date: _____

To Whom It May Concern:

Please be advised that player _____,

Number _____,

Of the _____ team,

Of the _____ division,

Of the _____ association,

Playing in the _____ league

has provided confirmation from his/her physician or dentist, to the association Risk and Safety representative, 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 this policy.

The Association will retain this letter on files with the association Risk and Safety representative.
This letter of exemption is valid for the 20__ - 20__ season only.

Signed _____ (player) Dated _____

Signed _____ (guardian) Dated _____

Signed _____ (association) Dated _____