

BURNSVILLE-MINNESOTA VALLEY FIGURE SKATING CLUB

**Medical Leave Form**  
(supplements Policy No. 3.09)

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

is requesting medical leave

from \_\_\_\_\_

to \_\_\_\_\_  
(This time must equal 21 days or 15 contracted sessions from the date of first treatment, whichever comes first.)

- Please attach a physician's letter of excuse showing beginning and ending dates of absence.
- Medical leave terminates pursuant to the date provided by the physician or the date the skater returns to BMVFSC ice, whichever is sooner.
- PLEASE NOTE: Credit for medical leave may affect eligibility for a special performance. Please contact the BMVFSC Contract Chair to determine if this affects your skater's eligibility.
- Please notify the board president **in writing** at least three (3) days in advance of the skater's intent to return from a medical leave.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Signature of Parent/Guardian

**BMVFSC Use Only**

date received:

board approved:

amount of credit memo: