

**OTTAWA DISTRICT MINOR HOCKEY ASSOCIATION**

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## Mouth Guard Exemption Procedure

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 file 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** \_\_\_\_\_