



U S S P E E D S K A T I N G

Withdrawal Notification Form, Long Track
Return to Referee

Event: _____

Date: _____ **Place:** _____

Skater Name: _____

Distance Withdrawing From: _____

Reason for Withdrawal: _____

Non-Medical Withdrawal:

Skater Signature: _____

Coach Signature: _____

Parent Signature (if under 18): _____

Medical Withdrawal:

Skater Signature: _____

Coach Signature: _____

Parent Signature (if under 18): _____

Dr. Signature: _____