

CAST RULE PHYSICIAN'S RELEASE **SOCCER**

National Federation Soccer Rule Book Rule #4 Section 2 Article 1c: *Casts, splints or body braces made of a hard substance in its final form such as leather, rubber, plastic, plaster or fiberglass unless covered on all exterior surfaces with no less than ½ inch thick, high density, closed-cell polyurethane, or an alternate material of the same minimum thickness and similar physical properties to protect an injury. A medical release for the injured player signed by a licensed medical physician shall be at the game site.*

Note to physician:

Please fill this form out in its entirety. Any portion not completed will invalidate this form causing the officials to refuse the athlete participation.

FORM MUST INDICATE DATES THE ATHLETE IS ABLE TO PLAY VHSL SOCCER WITH HARD CAST SPLINT APPLIANCE

Please discuss with the athletic trainer any special instructions or requests regarding the participation status of this player.

Please print or type:

School: _____ Athletic Trainer: _____

Name of Athlete: _____ Jersey Number: _____

Physician: _____

Please print name (must indicate M.D. or D. D.)

Practice Name: _____

Address: _____

Street

City

State

Zip

Physician's Telephone Number: _____

Involved Extremity: Left Right

Description of injury: _____

***** MUST COMPLETE *****

This athlete is able to compete in soccer practice/games from ____/____/____

MUST BE SPECIFIC WITH BEGINING DATE THAT ATHLETE IS ABLE TO PLAY

Physician's Signature: _____ Date: _____