

CAST RULE PHYSICIAN'S RELEASE FOR 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 1/2 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 (MD/DO) shall be available 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. The 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 -- Must indicate M.D. or D.O.	
NAME/ADDRESS OF PRACTICE:	
(Name): _____	
(Street Address): _____	
(City, State Zip): _____	
(Phone Number): _____	
INVOLVED EXTREMITY: <input type="checkbox"/> Right <input type="checkbox"/> Left _____	
DESCRIPTION OF INJURY: _____	

★ ★ ★ THIS SECTION MUST BE COMPLETED AND SIGNED ★ ★ ★

This athlete is able to compete in soccer practice and games from _____ to _____	
<u>BE SPECIFIC -- Include beginning and ending dates</u> mm/dd/yy mm/dd/yy	
Physician's Signature: _____	Date: _____
Print Physician's Name: _____	Phone: _____