

## 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.**

<b>SCHOOL:</b> _____	<b>ATHLETIC TRAINER:</b> _____
<b>NAME OF ATHLETE:</b> _____	<b>JERSEY NUMBER:</b> _____
<b>PHYSICIAN:</b> _____ Please PRINT -- Must indicate M.D. or D.O.	
<b>NAME/ADDRESS OF PRACTICE:</b>	
(Name): _____	
(Street Address): _____	
(City, State Zip): _____	
(Phone Number): _____	
<b>INVOLVED EXTREMITY:</b> <input type="checkbox"/> Right <input type="checkbox"/> Left _____	
<b>DESCRIPTION OF INJURY:</b> _____	

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

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