



## CAST RULE PHYSICIAN'S RELEASE FOR SOCCER

Front Royal Soccer Association (FRSA) FRSA policy states: Medical casts may be worn by U-10 and higher players, if a medical release is signed by a health provider and received by FRSA, if properly wrapped with padding, and if, in the opinion of the Referee, for that particular game, no hazard exists for the casted player or for the opposing team players; the Referee's decision is final. No casts are allowed for U-8 and younger players.

**Parent Statement** I, \_\_\_\_\_, understand: 1. The physician acknowledges that a child is medically able to play soccer and may compete in soccer practice and games; 2. The parent must ensure the cast is properly wrapped (covered with at least ½-inch thick closed cell foam then wrapped securely with a soft elastic athletic bandage); NO BUBBLE WRAP 3. The Referee decides whether the child will or will not play for any particular game; 4. The Referee will stop play if the cast is deemed hazardous or a safety-risk; and, 5. The Referee's decision is FINAL.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Note to Physician: Please fill out this form in its entirety. Any portion not completed could invalidate the form causing officials to refuse athlete participation. Your signature indicates that the athlete is able to play soccer with a hard cast.

**Athlete's Name:** \_\_\_\_\_

Physician's Name: \_\_\_\_\_ (Please print – Must indicate M.D. or D.O.)

Name/Address of Practice: (Name) \_\_\_\_\_ (Street Address)

\_\_\_\_\_  
(City, State, Zip) \_\_\_\_\_

(Phone) \_\_\_\_\_

Involved Extremity: \_\_\_ Right \_\_\_\_\_ Left \_\_\_\_\_

Description of Injury: \_\_\_\_\_

The athlete is able to compete in soccer practice and games: FROM \_\_\_\_\_ TO \_\_\_\_\_ (mm/dd/yy)  
(mm/dd/yy)

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS DOCUMENT WITH ORIGINAL SIGNATURES MUST BE CARRIED TO EVERY GAME OR PRACTICE**