



## MEDICAL CONDITION PHYSICIAN'S RELEASE FOR SOCCER

Front Royal Soccer Association (FRSA) Policy: Players may wear special clothing or equipment needed for a medical condition if it does not present a hazard to the player or opposing players and does not interfere with the rules and flow of the soccer game. For a particular game, the Referee will make the FINAL decision on the safety of players' clothing and equipment. (This form is not intended to cover medical casts – please see the Cast Rule form)

**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 Referee decides whether the child will or will not play for any particular game; 3. The Referee will stop play if the clothing or equipment is deemed hazardous or a safety-risk; 4. 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 the medical condition.

**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) \_\_\_\_\_

Description of medical condition and required clothing and/or equipment:

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

FRSA Review: The clothing and/or equipment required for this medical condition \_\_\_\_ should not \_\_\_\_ will interfere with the rules and flow of the soccer game.

**FRSA Official Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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