

**R&J Soccer, LLC/Coerver® GPS**  
**Heads Up: Concussion in Youth Sports**  
**Return to Play Permission Form**

In accordance with Nebraska Statute #LB260, an athlete having been removed from participation for the purpose of presenting with signs or symptoms or “reasonably suspected” of having sustained a concussion must have, before return to play (RTP) or participation is allowed by a coach:

- (a) written and signed clearance from an appropriate licensed health care professional trained in the evaluation and management of traumatic brain injuries among a pediatric population, and
- (b) written and signed clearance from the athlete’s parents/legal guardians.

If a coach suspects that my child has suffered a concussion, they will be removed from any further soccer related activities and will not be allowed to return to play until the parent has provided a signed medical release statement and parent release before the player is allowed to participate in further activities, conditioning, practices or games with R&J Soccer, LLC/Coerver® GPS.

**Player Name:** \_\_\_\_\_

**Consent of a Medical Professional**

I hereby grant permission for the above named player to participate in all activities, practices and games with R&J Soccer, LLC/Coerver® GPS. It has been determined through a complete medical evaluation that the aforementioned player is safe to return without any restrictions.

I am qualified to grant the return of the aforementioned player as a Licensed Health Care Professional physician or licensed practitioner under the direct supervision of a physician, physician’s assistant, nurse practitioner, neuropsychologist, an athletic trainer; or a qualified healthcare professional that is trained in the evaluation and management of traumatic brain injuries and concussions among a pediatric population.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent or Guardian Consent and Release**

I, the parent or guardian of the aforementioned player, hereby give approval for his/her return to all soccer related activities, including practices and games. By signing, I hereby agree that my son or daughter, playing with R&J Soccer, LLC/Coerver® GPS, has been properly assessed, diagnosed and treated by the above named medical professional and give my permission for their unrestricted return to soccer action.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Completed forms must be returned to a Coerver® GPS Director prior to the player returning to any soccer related activities.***