

**UFA RETURN TO PLAY AUTHORIZATION FORM**

(to be signed by the player’s parent or legal guardian and returned to coach or UFA representative)

By inserting my name and date below, and returning this **Return to Play Form** to my UFA coach/representative, I acknowledge that I have read the information contained in the original **Notification of Possible Concussion for UFA Events/Activities Form**. I also acknowledge that I am the player’s parent or legal guardian and that I have been advised by UFA of common concussion symptoms, including the importance in seeking professional medical guidance before authorizing my child’s return to play soccer within any UFA sanctioned activity.

Please be advised that a player formally identified as suffering a possible concussion injury may not return to play until the player’s parent or legal guardian confirms that they believe it safe for their child to do so. Parents/guardians are strongly encouraged to consider seeking a professional medical opinion of their child’s fitness to resume playing before returning this signed authorization to UFA.

Player Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Player’s Team: \_\_\_\_\_

Player’s Coach: \_\_\_\_\_

Age Group and Competitive Division (i.e. Rec U14, U17 Classic 1): \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

(please print)

Parent/Legal Guardian Signature: \_\_\_\_\_

Team Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***This form must be returned to UFA for filing purposes.***