



Concussion Management Protocol Return to Play Form

This form must be completed and submitted to the Association Board Member (who is not a coach) responsible for compliance with the Return to Play protocol established by CTYFL. When complete it will be submitted to and retained by CTYFL.

Player Name (Please Print)

Association Name (Please Print)

Designated CTYFL Association official verifies:

*Please
Check*

- The player has been evaluated by a treating physician selected by the player's parent or other person with legal authority to make medical decisions for the player.
- The player has completed the Return to Play protocol established by CTYFL.
- The Association has received a written statement from the treating physician indicating, that in the physician's professional judgment, it is safe for the player to return to play.

Association Individual Signature

Date

Association Individual Name (Please Print)

Parent, or other person with legal authority to make medical decisions for the player signs and certifies that he/she:

*Please
Check*

- Has been informed concerning and consents to the player participating in returning to play in accordance with the return to play protocol adopted by CTYFL.
- Understands the risks associated with the player returning to play and will comply with any ongoing requirements in the return to play protocol.
- Consents to the disclosure to appropriate persons of the treating physician's written statement and, if any, the return to play recommendations of the treating physician.
- Agrees to indemnify and to hold CTYFL, its board members, officers, volunteers & affiliates free and harmless from any loss, liability, damage, cost or expense which may incur as a result of the Player returning to play.

Parent/Responsible Decision-Maker Signature

Date

Parent/Responsible Decision-Maker Name (Please Print)