



Hamilton Youth Athletics

CONCUSSION REMOVAL FROM PLAY NOTIFICATION

Use this form to after an athlete is removed from the field of play after exhibiting concussion symptoms. HYA rules require written authorization from a physician or other licensed medical professional before an athlete may return to play after exhibiting concussions symptoms that cause that athlete to be removed from the field. This athlete MAY NOT return to play nor participate in any HYA activity on the same day that he or she has been removed (even if written medical clearance is provided). **A copy of this completed form is required to be provided to both the head coach of the player and HYA.**

PLAYER INFORMATION

First Name	Middle Initial	Last Name	Division	Team Name
Date of Injury / /	Injury Occurred During: <input type="checkbox"/> Practice <input type="checkbox"/> Game <input type="checkbox"/> Scrimmage <input type="checkbox"/> Tournament <input type="checkbox"/> Other: _____		Coach Phone Number	Parent/Guardian Phone Number

How did the Injury Occur:

ACKNOWLEDGEMENTS

During soccer activities your child/athlete may have received a concussion. It is very important both you and your athlete understand the implications of a concussion and be aware of the steps that need to be followed before the athlete can return to the field of play for practice or games.

When experiencing a concussion it is common to have one or many symptoms. Please refer to the concussion parent information sheet which was given to you by your coach for a list of symptoms. Concussion symptoms can occur right away or up to 48 hours after injury.

Please be advised that an athlete who is removed from play due to a suspected concussion may not return to the field of play the same day under any circumstances. The child/athlete may not return to practice or any soccer activity until a doctor has provided a written release permitting return to play. The signed medical release must be presented to the coach and an HYA Board Member prior to re-entering team activities.

_____ Coach's Printed Name	_____ Coach's Signature	_____ Date
_____ Parent's Printed Name	_____ Parent's Signature	_____ Date
_____ Referee's Printed Name	_____ Referee's Signature	_____ Date

FOR HYA ADMINISTRATIVE OFFICE PURPOSES ONLY

Player ID	Date Received	Received By	Release Received
------------------	----------------------	--------------------	-------------------------