



Concussion Release / Return to Play Form

If a coach reasonably 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 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 Omaha Street Soccer.

Player Name: _____ (Printed)

LICENSED MEDICAL CONSENT & RELEASE

I hereby grant permission for the below named player to participate in all activities, practices and games with Omaha Street Soccer. It has been determined through proper, complete medical evaluation and treatment that the aforementioned player is safe to return without 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, PA-C or APRN; a neuropsychologist, an athletic trainer; or a qualified healthcare professional that is trained in the evaluation and management of traumatic brain injury among a pediatric population.

Signature: _____

Date: _____

PARENT OR GUARDIAN CONSENT & RELEASE

I, the parent or guardian of the below named player for Omaha Street Soccer, 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 the Omaha Street Soccer, has been properly assessed, diagnosed and treated by the above named medical professional and give my permission for their unrestricted return to action.

Signature: _____

Date: _____

Signed and completed forms must be returned to the Omaha Street Soccer Director of Operations prior to the player returning to any soccer related activities. Please email completed forms to mary@omahastreetssoccer.com