

MVGSA RETURN TO PLAY/PARTICIPATION FORM

Player's First and Last Name: _____

Extent of the injury or illness: _____

Date of the injury or illness: _____

MEDICAL PROVIDER RELEASE FORM

Date of Medical Evaluation: _____

Return-To-Play Release:

I authorize and clear the above-named player to return to play and participate in all athletic activities associated with the sport of softball without any restrictions on _____, 20____.

Additional notes: _____

Signature of Medical Provider*: _____

Printed Name of Medical Provider*: _____

Medical Office Name : _____

Office Address: _____

Telephone Number: (_____)_____

*Clearance may only be given by a Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Registered Nurse Practitioner (ARNP), Physician's Assistant (PA) or Naturopathic Physician (ND). If the athlete was evaluated for a head injury and possible concussion, the concussion protocol and return to play documentation must be completed along with this document.