



NEW MEXICO YOUTH SOCCER

The governing body for youth soccer in New Mexico, affiliated with US Youth Soccer, the United States Soccer Federation (USSF), and the Fédération Internationale de Football Association (FIFA)

Concussion Notice Form New Mexico Youth Soccer Association

Player's Name: _____ Player's Age: _____

Date/Time of Injury: _____

Where and how injury occurred (include cause and force of the hit or blow to the head/body):

Description of injury (include information about any loss of consciousness and for how long, memory loss, or seizures following the injury, or previous concussions, if any):

The player must be removed from the activity immediately and evaluated by a health care professional. The player will not be allowed to participate in training, games or events for at least one day from receiving a blow to the head or body and only after:

1. *The player no longer exhibits any sign, symptom or behavior consistent with a concussion or other head injury; and*
2. *Receives a medical release from a licensed health care professional.*

Date received medical release (no concussion): _____

(Medical Release must be attached)

Date player diagnosed with a concussion: _____

Date player authorized to return to play: _____

(Medical Release must be attached)

Club/Team Name: _____

Coach's Name: _____

Coach's Signature: _____ Date: _____

By signing the above, I acknowledge and will adhere to NMYSA's Concussion Policy and return to play protocol.

Note: A copy of this form along with Medical Releases must be submitted to the NMYSA state office within 48 hours of the incident with a follow-up copy once the player is returned to play.

Ver: 03/2016

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