



# Northwest Junior Football League

## Return to Play Form

### (Concussions)



Lystedt Law [RCW 28A.600.190] (3) A youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time. (4) A youth athlete who has been removed from play may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and receives written clearance to return to play from that health care provider.

### TO BE COMPLETED BY HEALTHCARE PROVIDER

Student-Athlete Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Date of Appointment: \_\_\_\_\_

Please select one of the following:

- Student Athlete does NOT have a concussion and is cleared for full sport/competition
- Student-athlete is not cleared. ***A new form will be provided when they are cleared.***
- Student-athlete is cleared to progress through the Return-To-Play (RTP) progression
- Student-athlete is cleared for full sport/competition. They have completed the RTP progression under my supervision without any recurrence of symptoms.

Additional comments/instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Health Care Provider Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

### PARENT RELEASE & INDEMNIFICATION

We the undersigned release our child listed above to fully participate in all activities of the Northwest Junior Football League (NJFL) as directed above and do hereby release, indemnify and hold harmless the officers, directors and coaches of the NJFL and their respective franchises from any injury or impairment resulting from this release.

Parent/Legal Guardian Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Please scan & email completed form to [NJFL\\_RTP@outlook.com](mailto:NJFL_RTP@outlook.com)