



**KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION**

KHSAA Form SO111  
Rev7/06

*This is the only form to be accepted as "current written documentation" concerning a player required to wear a hard-cast or protected face mask*

**SOCCER HARD CAST/PROTECTED  
FACE MASK/CONCUSSION REPORT FORM**  
COPY AND RETAIN THIS FORM FOR FUTURE USE.

National Federation soccer rules state the following in Rule 4, Section 2, Article 1, Other Equipment: Illegal equipment shall not be worn by any player. This applies to any equipment which, in the opinion of the referee, is dangerous and confusing. Types of equipment which are illegal include the following:

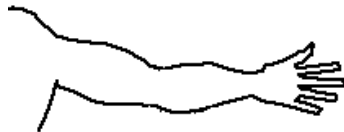
- a. projecting metal or other hard plates, or projections on clothing or person;
- b. head, arm, thigh or hip pads containing sole leather, fiber, metal or any unyielding materials;
- c. casts, splints or body braces made of a hard substance in their final form such as leather, rubber, plastic, plaster or fiberglass unless covered on all exterior surfaces with no less than 1/2-inch thick, high density, closed-cell polyurethane, or an alternate material of the same minimum thickness and similar properties to protect an injury. A medical release for the injured player signed by a licensed medical physician (MD/DO) shall be available at the game site.
- d. shinguards which have exposed sharp edges or have been altered;
- e. spectacle guards;
- f. helmets, hats, caps or visors.

If a soccer player is to play in a game with this type of cast/protected face mask for protection of an existing injury, this form must be completed and presented to the Referees prior to the match during the pre-game meeting.

\_\_\_\_\_ from \_\_\_\_\_  
 \_\_\_\_\_  
 Player's Name (Print or Type) High School Name (Print or Type)

has been directed to wear a hard cast/protected face mask for the protection of :  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ *General description of broken bone here*

Mark the location(s) of the fracture(s) on the silhouette below. It is important that the location of the injury be properly marked or an explanation given.



**RETURN TO PARTICIPATION TIME FRAME/COMMENTS AND RESTRICTIONS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Physician's Name (Please print or type) \_\_\_\_\_ Today's Date \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ *(this form valid for fourteen days from this date)*  
 Physician's Signature \_\_\_\_\_

National Federation soccer rules state the following in Rule 3, Section 3, Article 2, Substitutions; If the injured player is determined by game officials to be unconscious or apparently unconscious, that player may not return to the game without written authorization by the physician.

\_\_\_\_\_ from \_\_\_\_\_  
 \_\_\_\_\_  
 Player's Name (Print or Type) High School Name (Print or Type)

This player may return to contact action participating in soccer.

Physician's Name (Please print or type) \_\_\_\_\_ Today's Date - \_\_\_\_\_  
 \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Time of day

\_\_\_\_\_