



RAPID FIRE F.C

CONCUSSION AWARENESS & INJURY PROTOCOL FORM

Season: (Year/Season) _____

Player's Name: _____

Player's Date of Birth: ____ / ____ / ____

Parent/Guardian Name: _____

I. Concussion Awareness

A concussion is a type of traumatic brain injury (TBI) that occurs when a hit, bump, or jolt to the head or body causes the brain to move rapidly inside the skull. Concussions can occur in soccer due to collisions, falls, or heading the ball improperly.

A player with a suspected concussion may experience:

- ☒ Headache or “pressure” in the head
- ☒ Dizziness, balance problems, or nausea
- ☒ Blurred vision or sensitivity to light/noise
- ☒ Confusion, memory problems, or difficulty concentrating
- ☒ Slowed speech or response time
- ☒ Drowsiness, fatigue, or trouble sleeping

If a player exhibits any of these symptoms after a hit or fall, they should be removed from play immediately and evaluated by a medical professional.

II. Return-to-Play Protocol

In the event of a suspected concussion, Rapid Fire F.C. will follow the “When in Doubt, Sit Them Out” policy.

1. Immediate Removal: Any player showing signs of a concussion will be removed from play and not allowed to return the same day.
2. Medical Evaluation Required: The player must be assessed by a licensed healthcare provider before returning to practice or games.



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III. Parent & Player Agreement

I, the undersigned, understand the risks of concussions and the importance of proper evaluation and recovery. I acknowledge that:

✓ My child and I have reviewed the concussion symptoms and understand the injury risks.

✓ My child and I have reviewed the U.S. Centers for Disease Control and Prevention (CDC) HEADS UP site at <https://www.cdc.gov/heads-up/index.html> to recognize, respond to and minimize the risk of concussion.

✓ I will inform coaches of any concussion history.

✓ I will ensure my child follows the Return-to-Play protocol after a concussion.

✓ I release Rapid Fire F.C., its coaches, and staff from any liability related to concussion management.

Player's Name (Printed): _____

Player's Signature: _____ Date: ____ / ____ / ____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Coach's Name (Printed): _____

Coach's Signature: _____ Date: ____ / ____ / ____