

Urbana Youth Sports Concussion Re-Entry Form

Parent Submitted Doctor's Release. ___ YES DATE DOCTOR RELEASES TO START RE-ENTRY _____

Doctor's Release submitted to Program Director? ___ YES Date _____

Because we are a recreational program and do not have activity every day and do not typically have practices once games begin, we have to rely on Parents to assist and confirm some of these steps.

STEP 1 – Low levels of non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: walking, light jogging, and easy stationary biking for 20-30 minutes).

Parent or Coach print name: _____ Confirm date completed: _____

Parent or Coach Sign _____ Date Signed _____

STEP 2 – (Can not be same day as Step 1) Moderate, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: moderate jogging, brief sprint running, moderate stationary biking, light calisthenics, and sport-specific drills without contact or collisions for 30-45 minutes).

Parent or Coach print name: _____ Confirm date completed: _____

Parent or Coach Sign _____ Date Signed _____

STEP 3 – (Can not be same day as Step 2) Heavy, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: extensive sprint running, high intensity stationary biking, resistance exercise with machines and free weights, more intense non-contact sports specific drills, agility training and jumping drills for 45-60 minutes).

Parent or Coach print name: _____ Confirm date completed: _____

Parent or Coach Sign _____ Date Signed _____

STEP 4 – (Can not be same day as Step 3) Full contact in controlled practice or scrimmage.

Coach print name: _____ Confirm date completed: _____

Coach Sign _____ Date Signed _____

STEP 5 - (Can not be same day as Step 4) Full contact in game play.

Return to Game Play – Date _____

Coach Sign _____ Date Signed _____

Received by Program Director – Date _____ Program Director Sign _____