

# CAST RULES

**National Federation Soccer Rule book Rule #4 Section 2 Article 1c:** Casts, splints or body braces made of a hard substance in its final form such as leather, rubber, plastic, plaster or fiberglass unless covered on all exterior surfaces with no less than ½ inch thick, high-density, closed-cell polyurethane, or an alternate material of the same minimum thickness and similar physical properties to protect an injury. A medical release for the injured player signed by a licensed medical physician (M.D./D.O.) shall be available at the game site.

**National Federation Football Rule Book Rule #1 Section 5 Article 3c:** Hard substance in its final form such as leather, rubber, plastic, plaster or fiberglass when worn on the hand, wrist, forearm or elbow unless covered on all exterior surfaces with no less than ½ inch thick, high-density, closed-cell polyurethane, or an alternate material of the same minimum thickness and similar physical properties to protect an injury as directed in writing by a licensed medical physician (M.D./D.O.). Such written direction shall be provided to the umpire prior to the start of the game.

**NOTE:** For all other MSHSAA sports, follow the applicable NFHS rules regarding the proper procedures pertaining to casts, splints, etc.

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## PHYSICIAN'S RELEASE FORM FOR FOOTBALL/SOCCER

Please fill this form out in its entirety (print or type). Any portion not completed will invalidate this form, causing the officials to refuse the athlete participation.

**THIS FORM MUST INDICATE DATES THE ATHLETE IS ABLE TO PLAY MSHSAA FOOTBALL AND/OR SOCCER WITH A HARD CAST SPLINT APPLIANCE.**

*Please discuss with the athletic trainer any special instructions or requests regarding the participation status of this player.*

School: \_\_\_\_\_

Athletic Trainer: \_\_\_\_\_

Name of Athlete: \_\_\_\_\_

Sport: \_\_\_\_\_ Jersey Number: \_\_\_\_\_

Physician: \_\_\_\_\_  
*Please print (must indicate M.D. or D.O.)*

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street, City, State, Zip*

Physician's Phone Number: \_\_\_\_\_

Involved Extremity:  Left  Right

Description of Injury:

***Must be completed and signed by Physician:***

**MUST BE SPECIFIC WITH BEGINNING AND ENDING DATES THAT ATHLETE IS ABLE TO PLAY:**

This athlete is able to compete in football practice/games from: \_\_\_\_\_  
to: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_