



California Youth Soccer Association, Inc.
 1767 Tribute Rd, Unit F, Sacramento, CA 95815
 Possible Concussion Notification Form
 For Cal North Events

Today, _____, 20_____, at the _____,
 [Insert Date] [Insert Name of Event]
 player _____, showed signs of a possible concussion during practice or
 [Insert Player's Name]

competition. Cal North and Staff want to make you aware of this possibility and signs and symptoms that may arise which require further evaluation and/or treatment.

Please contact a medical doctor or doctor of osteopathy who is trained in concussion treatment and management. Please be advised that a player who shows or showed signs of a concussion may not return to play until we have the Concussion Return to Play form (see page 2) from a medical doctor or doctor of osteopathy who is trained in concussion treatment and management.

_____ Name of Team	_____ Age Group	_____ Gender
_____ Player's Name (Please print)	_____ Date	
_____ Player's Signature (If above the age of 18)	_____ Date	
_____ Parent/Legal Guardian Signature	_____ Date	
_____ Team Official Guardian Signature	_____ Date	

By inserting my name and date and returning this Notification Form, I confirm that I have been provided with, and acknowledge that, I have read the information contained in the Form.

If returning the signed form online, please follow the instructions below:

- Step 1. Go calnorth.org/resources-library
- Step 2. Click on "Forms"
- Step 3. Find the "Concussion Notification Form" section and click on "Upload CNF Form Here"
- Step 4. Upload your form

If returning the signed form by mail, please send to the address below:

1767 Tribute Rd Ste. F
 Sacramento, CA
 95815

