

## Georgia Soccer Return to Play Ticket

The coach shall provide the Center Referee this signed "Return to Play Ticket" stating the returning player is medically cleared by a Georgia Licensed HCP to participate in the Georgia Soccer sanctioned game. The referee shall keep this ticket for his records and Game Report.

Game Number \_\_\_\_\_ Venue \_\_\_\_\_ Date \_\_\_\_\_

Player's Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Player's Team \_\_\_\_\_ Division \_\_\_\_\_ Player ID Number \_\_\_\_\_

Coach's Name \_\_\_\_\_ Signature \_\_\_\_\_

Contact Phone \_\_\_\_\_

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I certify that the above named player is cleared to play at full participation in this game dated \_\_\_\_\_.

HCP Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Ga. License # \_\_\_\_\_ Agency \_\_\_\_\_

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**Center Referee shall complete a Game Report noting of receiving this completed "Return to Play" Ticket within the stated guidelines of the Ga. Soccer Referee Committee.**

Referee Information

Name \_\_\_\_\_ Grade \_\_\_\_\_ Association \_\_\_\_\_

Referee Contact Phone \_\_\_\_\_

Referee Signature \_\_\_\_\_ Date \_\_\_\_\_

**The referee shall keep this ticket for his records.**