



## PARTICIPATION RELEASE FORM

(This form is to be given to the parent or guardian of a player who has suffered an illness or injury that required the care of a physician or a visit to an emergency care facility. It is to be completed in full and signed and dated where indicated. In an instance where a player is away from home at an event or competition, and a parent/guardian is not present, the team coach may sign as the agent of the parent/guardian. Signature by the treating physician is not required. The parent/guardian should give the finished form to the team coach. The coach should immediately forward any completed form to the regional safety director.)

*NOTE: AYSO specifically prohibits participation by a player who must wear a cast or splint to protect an injury. Submission of this form will not cause AYSO to waive that prohibition.*

Player: \_\_\_\_\_  
(PRINT PLAYER'S NAME)

Person completing this form is:     \_\_\_ Parent/Guardian           \_\_\_ Team Coach

I hereby certify that the above named player has been released by the treating physician or medical care facility, is not required to wear any cast or splint and has been cleared for full participation in the AYSO program without restriction. I understand that AYSO's decision to allow the player to participate again is conditioned on this representation by me, and I, on my own behalf and on behalf of the player named above, agree not to hold AYSO responsible in the event the player's original sickness or injury recurs or is made worse by his/her subsequent involvement in AYSO activities.

\_\_\_\_\_  
(PRINT NAME)

Signature: \_\_\_\_\_

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

Name of Physician/Caregiver: \_\_\_\_\_

.....  
(This portion for regional use only)

Received by AYSO regional safety director

Send form to:

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

Region \_\_\_\_\_ Safety Director

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

City, ST, ZIP: \_\_\_\_\_

Attn Safety Director: If the NSTC requests this form, send the original and make a copy for your records