



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, a facsimile copy containing the parent/guardian signature is acceptable. 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 or whose cast or splint has been removed without the knowledge or permission of the treating physician. Submission of this form will not cause AYSO to waive that prohibition.

Player: _____

(PRINT PLAYERS NAME)

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 the the AYSO program without restriction.

(Print name of Parent/Guardian)

(Signature of Parent/Guardian)

Date

(This portion for Regional Use Only)

Please send form to:

AYSO Region 678 Safety Director
P O Box 22030
Newhall, CA 913220307

Received:

Date: _____

(Signature of Safety Director)