



AMERICAN YOUTH SOCCER ORGANIZATION

National Office | 19750 S.Vermont Ave., Suite 200 | Torrance, CA 90502
(800) 872-2976 www.AYSO.org

AYSO Participation Release

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 and permission of the treating physician. Submission of this form will not cause AYSO to waive that prohibition.

Print Player's Full 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 in the AYSO program without restriction.

Print Parent or Guardian Full Name

Parent or Guardian Signature

Date

This Portion is for Regional Use Only

Send form to:

Region _____ Safety Director: _____

Address: _____

City, State: _____

Zip: _____

Received by AYSO Regional Safety Director:

Signature: _____ Date: _____