



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

Player 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/Guardian's Name:

Parent/Guardian's
Signature _____ Date _____

For Regional Use Only

Received by AYSO regional safety director

R27 Safety Director: Philip Costello

Send Form To:

Signature: _____

Region27 Safety Director

Address: 13374 Beaumont Ave

City, State Zip: Saratoga, CA 95070

Date: _____