



Region 36 Participation Release

AYSO Participation Release

This form is to be completed, signed and dated by 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 a medical care facility. This form must also be completed for players who were removed from participation as described in the next paragraph. When a player is away 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 (see instructions below).

When a player has exhibited signs or symptoms of a concussion or head injury such that a coach, parent, guardian or other AYSO volunteer has removed the player from participation in the remainder of a practice or game because the person is concerned that the player may potentially have a concussion, the player not return to play and participation in practices or games without evaluation and clearance by a medical professional. **As required by California State Law**, the player must be evaluated and cleared for return to play and full participation by an appropriately licensed medical professional who has received training in the evaluation and management of concussions. **California State Law also requires documentation of that clearance be signed by that medical professional and that documentation must be provided to AYSO and attached to this form.** (Such a Concussion Release form is the second page of this document.) Submission of this Participation Release form will constitute an acknowledgement by the player's parent or guardian: (1) that the player has been evaluated and cleared as required; and (2) that acceptance of this form does not constitute a waiver of these requirements.

Print Player's Full Name

I hereby certify that the above named player has been cleared for full participation in AYSO programs without restriction. For signs or symptoms of a concussion or head injury as required by applicable state law, I have also attached a writing signed by a medical provider authorized to confirm such clearance.

Parent or Guardian Full Name (Print or type)

Parent or Guardian Signature

Date

Instructions for Coach:

The player may participate in practices and games after a signed Participation Release Form and endorsed Concussion Release Form (when applicable) has been received. The coach should:

1. Scan or photograph the forms and send the images to safety@aysosm.org
2. Retain the originals with the player forms

(see http://www.ayso.org/aboutayso/AYSO_News/Important_New_California_State_Law_on_Concussions_in_Affect_s2_p3660.htm)



Region 36 Participation Release

AYSO Concussion Release

This form is to be given to the medical provider of a player who exhibited signs or symptoms of a concussion and was evaluated by a medical professional. It is to be completed in full and signed and dated where indicated upon the player being cleared by a medical professional who has received training in the evaluation and management of concussions. When a player is away at an event or competition, a facsimile copy of the medical professional's signature is acceptable. The coach should attach this release to the Participation Release Form.

Print Player's Full Name

I hereby certify that the above named player has been released by me and cleared for full participation to play soccer in the AYSO program without restriction. I further certify that my training as a medical professional included the evaluation and management of concussions.

Print Medical Professional Full Name

Medical Professional Signature

Date