



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 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.

When it is believed that a player has exhibited signs or symptoms of a concussion 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, AYSO strongly recommends that the player not return to play and participation in practices or games without evaluation and clearance by a medical professional. **When required by State law¹**, 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. **Some of those states also require 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. If 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

This Portion is for Regional Use Only

Region _____ Safety Director: _____

Received by AYSO Regional Safety Director:

Signature: _____ Date: _____

¹ A list of the states in which these requirements apply is available at <http://www.ayso.org/Libraries/Resources/AYSOConcussionStateLawMatrix.pdf> or by calling the Safe Haven department at the AYSO National Office (1-800-USA-AYSO).