



# 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 law<sup>1</sup>**, 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: \_\_\_\_\_

<sup>1</sup> A list of the states in which these requirements apply is available at

[http://www.ayso.org/For\\_Volunteers/region\\_boards/safety\\_director/safety\\_director\\_res/safety.htm#.Vt3F50lrJhE](http://www.ayso.org/For_Volunteers/region_boards/safety_director/safety_director_res/safety.htm#.Vt3F50lrJhE) or by calling the Safe Haven department at the AYSO National Office (1-800-USA-AYSO).



# AMERICAN YOUTH SOCCER ORGANIZATION

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

## 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 immediately forward any completed form to the Regional Safety Director.

---

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

### This Portion is for Regional Use Only

Region \_\_\_\_\_ Safety Director: \_\_\_\_\_

Received by AYSO Regional Safety Director:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EVERYONE PLAYS®  
BALANCED TEAMS®  
OPEN REGISTRATION  
COACHING  
SPORTSMANSHIP  
PLAYER DEVELOPMENT

