



PARTICIPATION RELEASE FORM

As parent/guardian of _____ ,

I certify that he/she has been released by his/her doctor to **fully participate without restrictions** in the AYSO program as of this date.

Date: _____ Signature: _____
Specify one Parent OR Guardian

Name of Physician: _____ Phone: _____

Address: _____

Signature: _____ Date: _____
Physician

Accepted by AYSO regional safety director:

Signature

Date

Keep this copy in the Region's Safety file.