

PARTICIPATION RELEASE FORM

We, the parents of _____
certify that he/she has been released by his/her doctor **to full participation without restrictions**
in the AYSO program as of this date.

Date: _____ Signature: _____
Parent or Guardian

Date: _____ Signature: _____
Physician

Accepted by AYSO Regional Safety Director:

Signature

Date

Please send one copy of this form to:

American Youth Soccer Organization
Insurance Department
5403 West 138th Street - P.O. Box 5045
Hawthorne, California 90251-5045

(800)USA-AYSO