

March 24, 2006

TO: All Regions

FROM: Tom Tobin, Director of Volunteer Services



SUBJECT: **Participation Release Form**

At the March, 2006 meeting, the National Board of Directors re-opened a discussion on the use of the Participation Release form. It was decided to continue use of the form. It was also decided that the signature of a parent should be sufficient and that it is no longer necessary to secure a signature of the treating physician. In an instance where a player is away from home at an event or competition and becomes injured, and a parent/guardian is not present, a facsimile with a parent/guardian signature is acceptable. The board revoked the option that the coach may sign on the parent/guardian's behalf. The form must bear the signature of a parent or guardian. A revised form is attached and its use will go into effect immediately.

In reviewing the changes made to this form, please be advised of the following:

1. The regional safety director should enter the mailing information located in the lower right portion of the form on a master copy of the form each year, and prepare copies for distribution or make the form downloadable from the region's web site
2. One or several blank forms should be given to all team coaches as part of the materials provided them at the beginning of any season.
3. Tournament directors would be advised to have a supply on hand as well.
4. The form should eventually be sent to the regional safety director for filing, but could be retained by the coach for a week or so in the event anyone might question the participation of the player subsequent to an illness or injury. (At the region's option a two part NCR version of the form could be produced so that the coach retains a copy and sends the original to the safety director.)
5. The form is only required when it is known that the player has had to seek emergency room treatment or a physician office visit to treat an injury or illness affecting the player's readiness to participate.



PARTICIPATION RELEASE FORM

(This form is to be given to 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 an emergency care facility. It is to be completed in full and signed and dated where indicated. In an instance where a player is away from home 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.)

NOTE: AYSO specifically prohibits participation by a player who must wear a cast or splint to protect an injury or whose cast or splint has been removed without the knowledge and permission of the treating physician. Submission of this form will not cause AYSO to waive that prohibition.

Player: _____,
(PRINT PLAYER'S NAME)

I hereby certify that the above named player has been released by the treating physician or medical care facility, is not required to wear any cast or splint and has been cleared for full participation in the AYSO program without restriction.

(Print name of Parent/Guardian)

(Signature of Parent/Guardian)

Date: _____

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(This portion for regional use only)

Received by AYSO regional safety director

Send form to:

Date: _____

Region _____ Safety Director

Signature: _____

Address: _____

City, ST, ZIP: _____

Attn Safety Director: If the NSTC requests this form, send the original and make a copy for your records