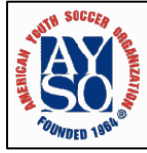


**AMERICAN YOUTH SOCCER ORGANIZATION  
Region 41**



**PARTICIPATION RELEASE FORM**

As parent/guardian of \_\_\_\_\_,

I 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: \_\_\_\_\_

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.**

**AYSO Region 41  
PMB 268  
P.O. Box 30012  
Laguna Niguel, CA 92607  
949-363-8305  
Info@AYSO41.org**