



# Sandyston Recreation TOPSoccer **TOPSOCCER**

## Registration Fall 2023 – MEDICAL RELEASE

**\* PARENTS/GUARDIANS MUST REMAIN AT THE FIELD\***

**Player Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Date of last Tetanus Booster:** \_\_\_\_\_

*In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (EMT, First Response, E.R).*

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of an emergency contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Please list any allergies/medical problems/medications.**

I am the parent/guardian of \_\_\_\_\_ on whose behalf I have submitted the attached application for participation in TOPSoccer. I hereby represent that he/she has my permission to participate in TOPSoccer. I further represent & warrant that to the best of my knowledge & belief, he/she is physically & mentally able to participate in TOPSoccer. I also understand that my child is participating in TOPSoccer at his/her own risk. I do not hold Sandyston Recreation TOPSoccer liable of any injury that may occur.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PHYSICIAN CERTIFICATIONS AND ASSUMPTION OF RISK FORM**  
**FOR PLAYERS WITH DOWN SYNDROME AND/ OR ATLANTO-AXIAL INSTABILITY (AAI)**

A NEW RELEASE IS REQUIRED EVERY FALL SEASON.

**PHYSICIAN CERTIFICATIONS**

**I. Certification of one (1) Physician required for players with no positive AAI results.**

I have examined \_\_\_\_\_ ("player") who has Down Syndrome. He/she has **negative** results for Atlanto-Axial Instability (AAI). I certify that this player has my permission to play.

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I have spoken to the parents/legal guardian/player and recommend that the player be examined \_\_\_\_\_ [state how often] for AAI. Physician's Signature \_\_\_\_\_

**II. Signature of two (2) Physicians is required for all players with positive AAI results.**

I have examined \_\_\_\_\_ ("player") who has Atlanto-Axial Instability (AAI). I certify, based on my examination & review of his/her health information, that despite the diagnosis of AAI, this player is not medically precluded from participation in Sandyston Recreation TOPSoccer. I further certify that I have explained to the player named in this form, & to the parent or legal guardian whose signature appears below, the medical risks associated with AAI & in particular, the risks associated with the player's participation in soccer & related events which, by their nature, may result in hyper-extension, radical flexion, or direct pressure on the neck or upper spine.

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I have spoken to the parents/legal guardian/player and recommend that the player be examined \_\_\_\_\_ [state how often] for AAI. Physician's Signature \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I have spoken to the parents/legal guardian/player and recommend that the player be examined \_\_\_\_\_ [state how often] for AAI. Physician's Signature \_\_\_\_\_

**III. ASSUMPTION OF RISK**

(Parents/Guardian required to complete for players with diagnosis of Atlanto-Axial Instability)

I am the parent/legal guardian/player of \_\_\_\_\_, "the player") and I certify that:

1. I have been informed by the physicians named above that the Player has Atlanto-Axial Instability.
2. The risks associated with that condition, including risks from participating in soccer & related events have been fully explained to me by the physicians named above & I fully understand the risks & possible medical consequences of the player participating in soccer & related events. I understand that soccer is a challenging & physical sport involving contact and potential risk of injury. On behalf of the player, I hereby assume all risks and agree to hold Sandyston Recreation TOPSoccer harmless from all damages arising therefrom.
3. Although I recognize & understand the risks & possible medial consequences, I hereby give my permission for the player to participate in soccer and related events.

**DO NOT SIGN UNTIL YOU HAVE READ THE ENTIRE ASSUMPTION OF RISK SECTION ABOVE**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of Parent/Legal Guardian/ Player: \_\_\_\_\_