



**CORONA - NORCO  
REGION 37**

AMERICAN YOUTH SOCCER ORGANIZATION FOUNDED 1964

**PARTICIPATION RELEASE FORM**

As parent/guardian of \_\_\_\_\_, I certify that his/her Doctor has released him/her to FULL PARTICIPATION WITHOUT RESTRICTIONS, in the AYSO program as of this date.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Print: \_\_\_\_\_  
Circle one: Parent or Guardian

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Accepted by regional safety director:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_