

Player Assumption of Risk and Physicians' Certification for players with Down Syndrome and Atlanto-Axial Instability (AAI)

Physicians' Certification

I have examined _____ who has Down Syndrome. He/She has negative results for Atlanto-Axial Instability (AAI). The player has my permission to play.

Physicians' Name _____ Phone () _____

Address: _____ City: _____ State: _____ Zip: _____

I have spoken to the parents/guardian/player and recommend he/she be examined _____ (how often) for AAI.

Physician's Signature _____

I have examined _____ who has Down Syndrome and AAI. I certify, based on my examination and review of his/her health information, that despite the diagnosis of AAI, this player is not medically precluded from participation in Sunflower Soccer Association TopSoccer. I further certify that I have explained to the player named in this application, and to the parents or legal guardian whose signature appears below, (if the player is a minor), the medical risks associated with AAI and in particular, the risks associated with the player's participation in soccer and related events which, by their nature, may result in hyper-extension, radical flexion or direct pressure on the neck or upper spine.

Physicians' Name _____ Phone () _____

Address: _____ City: _____ State: _____ Zip: _____

I have spoken to the parents/guardian/player and recommend he/she be examined _____ (how often) for AAI.

PLAYER'S ASSUMPTION OF RISK

Required for players with diagnosis of Atlanto-Axial Instability

I am the mother/father/legal guardian of _____, hereinafter "the player." 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 and related events have been fully explained to me by the physician named above and I fully understand the risks and possible medical consequences of the player participating in soccer and related events. I understand that soccer is a challenging and physical sport involving contact and potential risk of injury. On behalf of the layer, I hereby assume all risks and agree to hold Sunflower Soccer Association harmless from all damages arising there from.
3. Although I recognize and understand the risks and possible medial consequences, I hereby give my permission for the player to participate in soccer and related events.

Print Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Signature of Parent/Guardian: _____ Date: _____