TOPSOCCER

ATHLETE'S ASSUMPTION OF RISK AND PHYSICIANS' CERTIFICATION

(FOR ATHLETES WITH DOWN SYNDROME AND ATLANTO-AXIAL INSTABILITY)

PHYSICIANS' CERTIFICATION (Signature of two physicians is required)

I have examined the athlete,_____ , who has Down syndrome and atlanto-axial instability (AAI). I certify, based on my examination and review of his/her health information, that despite the diagnosis of AAI, this athlete is not medically precluded from participation in Kentucky Youth Soccer Association (KYSA) TOPSoccer. I further certify that I have explained to the athlete named in this application, and to the parents or legal guardian whose signature appears below, if the athlete is a minor, the medical risks associated with AAI and in particular, the risks associated with the athlete'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 _____	**Physicians Name** _____
Address _____	**Address** _____
City State Zip _____	**City State Zip** _____
Phone _____	**Phone** _____
Signature _____	**Signature** _____

ATHLETE'S ASSUMPTION OF RISK (Required for athletes with diagnosis of atlantoaxial instability)

I am the parent/legal guardian of _____, hereinafter "the Athlete". I certify that: 1. I have been informed by the physicians named above that the Athlete has atlanto-axial instability (AAI). 2. The risks associated with that condition, including risks from participating in soccer and related events have been fully explained to me by the physicians named above and I fully understand the risks and possible medical consequences of the Athlete 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 Athlete, I hereby assume all risks and agree to hold KYSA and its affiliate organizations harmless from all damages arising therefrom. 3. Although I recognize and understand the risks and possible medial consequences, I hereby give my permission for the Athlete to participate in soccer and related events.

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

Signature of Parent/Guardian _____Date _____

Print Name _____

Address _____ City State Zip _____

Phone _____