



Burlingame Participation Release Form

As parent / guardian of _____,

I certify that he / she has been released by his/ her doctor to **fully participate 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.

Player's AYSO ID #

Team Number