



DEVELOPING CHAMPIONS FOR LIFE!

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TOPSoccer

Atlanto-axial Instability Certification

Important Note: If your child has Down Syndrome, he/she must have a complete radiological examination for the purpose of establishing the absence of atlanto-axial instability.

Player Information:

Player's Name: _____

Date Of Birth: ____/____/____ Height: _____ Weight: _____

Parent/Guardian Information:

Name: _____

Address: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Physician Statement/Information:

Family Physician: _____ Phone: (____) _____

Address: _____ City, State: _____

Physician's Comments: _____

"I have reviewed the above player's health information, examined the player, and certify that there is no medical evidence apparent to me that would preclude him/her from participating in TOPSoccer."

Physician's Signature: _____ Date: _____



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