



AMERICAN YOUTH SOCCER ORGANIZATION

National Office | 19750 S.Vermont Ave., Suite 200 | Torrance, CA 90502
(800) 872-2976 | www.AYSO.org

AYSO Concussion Release

This form is to be given to the medical provider of a player who exhibited signs or symptoms of a concussion and was evaluated by a medical professional. It is to be completed in full and signed and dated where indicated upon the player being cleared by a medical professional who has received training in the evaluation and management of concussions. When a player is away at an event or competition, a facsimile copy of the medical professional's signature is acceptable. The coach should immediately forward any completed form to the Regional Safety Director.

Print Player's Full Name

I hereby certify that the above named player has been released by me and cleared for full participation to play soccer in the AYSO program without restriction. I further certify that my training as a medical professional included the evaluation and management of concussions.

Print Medical Professional Full Name

Medical Professional Signature

Date

This Portion is for Regional Use Only

Region _____ Safety Director: _____

Received by AYSO Regional Safety Director:

Signature: _____ Date: _____