



## OYSA MEDICAL RELEASE TOPSOCCER PROGRAM

Oldsmar Youth Soccer Association TOPSoccer Medical Release:

I am the parent/legal guardian of \_\_\_\_\_ and on whose behalf I have submitted the attached Athletes' Application/Agreement to Participate in the TOPSoccer Program. I hereby declare and warrant that to the best of my knowledge and belief that he/she is both physically and mentally able to participate in TOPSoccer. With my approval, a licensed physician has certified that, based on an independent medical examination, there is no medical evidence that would preclude his/her participation in TOPSoccer. I also understand that if he/she has been diagnosed to have Down Syndrome, a radiological examination for the purpose of determining the presence or absence of atlantoaxial instability is required for his/her participation in TOPSoccer.

I further understand that my presence or the presence of my spouse or other legal guardian is required at all TOPSoccer and Oldsmar Youth Soccer Association (OYSA) TOPSoccer Program events, including but not limited to practices, games and festivals in which he/she participates. I clearly understand that the reason for the required presence of a parent or guardian for TOPSoccer activities is based in part on issues surrounding emergency care should it be needed.

In permitting my son/daughter to participate in the TOPSoccer Program, I specifically grant my permission for TOPSoccer to use his/her likeness in newspaper, magazine, and/or other media for the purpose of informational outreach for TOPSoccer and/or seeking funds and other types of support for TOPSoccer.

As the parent/legal guardian of \_\_\_\_\_. I have read and understand fully each of the above provisions. Through my signature on this consent form, I acknowledge and agree with each of the above provisions on my own behalf and that of my participating child. I also recognize the potential risk(s) that are involved with my child's participation in TOPSoccer and agree to hold harmless the OYSA TOPSoccer coaches, volunteers, and others involved in administering this program should harm relating to his/her disability(ies) occur to my child when he/she is participating in TOPSoccer.

I hereby declare that \_\_\_\_\_ has my permission to participate in TOPSoccer.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_