



**ATHLETE’S ASSUMPTION OF RISK AND PHYSICIANS’ CERTIFICATION**  
 | (FOR ATHLETES WITH DOWN SYNDROME AND ATLANTO-AXIAL INSTABILITY)

<b>PHYSICIANS’ CERTIFICATION</b>
(Signature of two physicians is required)

I have examined the athlete, \_\_\_\_\_, who has Down Syndrome and Atlanto-Axial Instability. I certify, based on my examination and review of his/her health information, that despite the diagnosis of Atlanto-Axial Instability, this athlete is not medically precluded from participation in Cal South 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 Atlanto-Axial Instability 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.

Physician’s name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Physicians name: \_\_\_\_\_  
 Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Signature of Physician

Signature of Physician

<b>ATHLETE’S ASSUMPTION OF RISK</b>
(Required for athletes with diagnosis of Atlanto-Axial Instability)

I am the mother/father/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.
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 Cal South 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: \_\_\_\_\_

Phone: \_\_\_\_\_