ATLANTO-AXIAL INSTABILITY RELEASE FORM



| AREA: \$ | | _ SCHOOL/ | CHOOL/AGENCY: | | | |
|-------------------------|--|---|---|---|---|--|
| Α | THLETE NAME: Last: | | | First: | | |
| D | ATE OF BIRTH: / / month day year | | | | | |
| <u>C</u> | ERTIFICATION BY PHYSICIANS | | | | | |
| ce Ax in Ins | e have examined the athlete named in the application, who rtify, based on our examinations of the athlete and our review ital Instability, this athlete is not medically precluded from parthis application, (and to the parent or guardian whose signal stability and in particular, the risks associated with the athlete' xion or direct pressure on the neck or upper spine. (Signature) | w of the health info ticipation in Specia ture appears below s participation in sp | ormation al Olyr w, if the ports o | on contained in this application npics. We further certify that we athlete is a minor), the med or events which, by their nature. | n, that despite the diag re have explained to th ical risks associated w | nosis of Atlanto- e athlete named ith Atlanto-Axial |
| PI | Physician #1 | | Physician #2 | | | |
| Restrictions (if any): | | | Restriction (if any): | | | |
| Ad | ddress: | | Add | lress: | | |
| Pł | none: Date: | | Pho | one: | Date: | |
| Signature of Physician: | | | Signature of Physician: | | | |
| | CERTIFICATION OF ADULT ATHLETE | 0.0 | | CERTIFICATION O | F PARENT/GUAR | DIAN |
| 1. | I have been informed by the physicians named above the Atlanto-Axial Instability. | nat I have OR | 1. | have been informed by the son/daughter has Atlanto-Axid | | above that my |
| 2. | The risks associated with that condition, including the reparticipating in equestrian sports, gymnastics, diving, postuterfly stroke, diving starts in swimming, high jump, alpi and football (soccer) have been fully explained to me physicians named above, and I fully understand the medical consequences if I participate in any of these events. | entathlon, ine skiing, ie by the possible | | The risks associated with the participating in equestrian spoutterfly stroke, diving starts and football (soccer) have physicians named above, a medical consequences if my sports or events. | ports, gymnastics, div n swimming, high jum been fully explained and I fully understan | ng, pentathlon, p, alpine skiing, to me by the d the possible |
| 3. | Although I recognize and understand the risks and possible consequences, I certify that I am taking these risks know voluntarily, of my own free will, because of my desire to par Special Olympics, including any or all of the sports/everabove, based on the certifications of the two physicians name that I am not medically precluded from participating in Olympics. | vingly and rticipate in ents listed ned above | | Although I recognize and und consequences, I hereby give participate in Special Olympievents listed above, based on named above that my son/daparticipating in Special Olympians. | my permission for my cs, including any or a the certifications of the ughter is not medically | son/daughter to Il of the sports/ two physicians |
| Sig | gnature of Adult Athlete Date | | Sigr | ature of Parent/Guardian | | Date |
| I h | ereby certify that I have reviewed this release with the athle gnature appears above. I am satisfied, based on that review nlete understands this release and has agreed to its terms. | | | | | |

Relationship to athlete: