

Special Release for Athletes with Atlantoaxial Instability

Certification of Parent/Guardian/Next of Kin

(Required for minor athletes with diagnosis of Atlantoaxial Instability)

I am the parent/guardian/next of kin of the athlete named in this application. I certify that:

1. I have been informed by the physicians named that the athlete has Atlantoaxial Instability.
2. The risks associated with that condition, including the risks from participating in sports have been fully explained to me by the physicians listed, and I fully understand the possible medical consequences of the athlete participating in any of these sports or events.
3. Although I recognize and understand the risks and possible medical consequences, I hereby give permission for the athlete to participate in Special Olympics, including any or all of the sports listed, based on the certifications of the two physicians named that the athlete is not medically precluded from participating in Special Olympics.

Athlete Name	Last	First	MI
Address			
Phone			
Signature of Parent/Guardian/Next of Kin			Date