MEDICAL RELEASE FOR ATHLETES WITH DOWN SYNDROME PARTICIPATING IN RESTRICTED SPORTS AS PART OF The Agoura Aquatics Foundation: Agoura Stingrays/Sharks

This form must be completed and signed by the examining Physician for each individual with Down Syndrome who is expected to participate in one of the following sports activities:

Diving start in AQ	High Jump	Soccer (Football)
Butterfly Stroke in AQ	Pentathlon	Gymnastics

Athlete's Name: **(LAST)**_____ **(FIRST)**_____**(MIDDLE)**_____

Address: _____

City: _____ **State:** ____ **Zip:** _____

Restrictions: _____

Note To Examining Physician: Medical studies have demonstrated that approximately 10% of Down Syndrome individuals have a condition of the upper spine called Atlanto-Axial Instability. The Agoura Aquatics Foundation requires that any athlete with Down Syndrome competing in the above listed sports be examined for the condition. The examination must include x-ray of full extension and flexion of the neck.

Physician Statement:
On examination of cervical spine x-rays including full flexion and full extension views, I find that the above named athlete has:

(Check One) _____ No evidence of Atlanto-Axial
_____ Positive or equivocal of Atlanto-Axial Instability

_____	_____	_____
Date	Phone	Name of Physician
_____		_____
Address/City/Zip		Signature of Physician

Parent Statement (to be completed by Parent or Guardian of minor Athlete)
This is to affirm that I have been informed about the condition called Atlanto-Axial Instability. I understand that in order for an Agoura Stingray/Shark Athlete with Down Syndrome to begin or continue in one or more of the below listed sports, he/she must be examined and cleared for this condition.

____ Diving start in AQ	____ High Jump	____ Soccer (Football)
____ Butterfly stroke in AQ	____ Pentathlon	____ Gymnastics

As the Parent(s) and/or legal guardian of _____, I /we give permission for his/her unrestricted participation in Agoura Stingrays/Sharks activities.

Signed _____ _____
Athlete's Parent or Guardian Date