Date

Dear \_\_\_\_:

You have communicated to coach\_\_name\_\_\_\_ that your son/daughter, \_\_\_name\_\_\_\_\_suffers from \_\_\_severe medical condition\_\_\_\_\_, a condition which if he/she is injured could result in life threatening situations. Before he/she can take the field – be it practice or a game, I must have an original signed letter from his pediatrician fully clearing him/her to participate in soccer – with no limitations. We must also have the enclosed release executed by a responsible parent(s) that releases NYSWYSA, its coaches, participants, and employees from any potential liability associated with your son’s/daughter’s participation given his/her medical condition.

In addition if he/she is cleared by his doctor, one of you must attend all the practices and games with appropriate first aid and condition specific medical supplies to treat him/her if an injury occurs and have your own vehicle present to transport him/her if he/she is in need of medical attention.

In no way do I want to block a child from being active and participating in healthy sports. However, the risk for injury is present in soccer and I want to make sure you understand the risks as well as the upsides and take full responsibility for your decision to have \_\_name\_\_\_\_\_\_\_ play soccer.

Sincerely,

Name

Club President

CC: NYSW office