**ATLANTO-AXIAL INSTABILITY RELEASE FORM**

**PARTICIPANT NAME:** Last:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE OF BIRTH:\_\_\_\_\_\_\_\_\_/\_\_\_\_ /\_\_\_\_**

***CERTIFICATION BY PHYSICIANS***

We have examined the athlete named in the application, who has Down Syndrome and who has been diagnosed as having Atlanto-Axial Instability. We certify, based on our examinations of the athlete and our review of the health information contained in this application, that despite the diagnosis of Atlanto-Axial Instability, this athlete is not medically precluded from participation in Strike Back Fitness “Strike-Fit” at Strike Back Martial Arts .We further certify that we have explained to the participant named in this application, (and to the parent or guardian whose signature appears below, if the participant is a minor), the medical risks associated with Atlanto-Axial Instability and in particular, the risks associated with the participant’s participation in sports or events which, by their nature, may result in hyper-extension, radical flexion or direct pressure on the neck or upper spine. (Signatures of **two** physicians are required.)

 **Physician #1 Physician #2**

Restrictions (if any):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Restriction (if any):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature of Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATION OF PARENT/GUARDIAN**

1. I have been informed by the physicians named above that my son/daughter has Atlanto-Axial Instability.

2. The risks associated with that condition, including the risks from participating in equestrian sports, gymnastics, diving, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing,

and football (soccer) have been fully explained to me by the physicians named above, and I fully understand the possible medical consequences if my son/daughter participate in any of these sports or events.

3. Although I recognize and understand the risks and possible medical consequences, I hereby give my permission for my son/daughter to participate in Strike-Fit, including any or all of the sports/

events listed above, based on the certifications of the two physicians named above that my son/daughter is not medically precluded from participating in the Strike Back Fitness “Strike-Fit” program at Strike Back Martial Arts.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_