



**California State Soccer Association – South**  
1029 S. Placentia Avenue | Fullerton, CA 92831  
Phone 714.778.2972 | Fax 714.441.0715 | Toll Free 888.429.7276

## **YOUTH MEDICAL PLAY DOWN POLICY**

**(Disabled or Physically Challenged Child)**

A parent of a child who is considering participating in California State Soccer Association-South playing recreational soccer may request a medical play down exception to allow the player to play down in age one year if the following criteria are met.

The child's physician will submit a letter with the following information:

- Brief explanation of the child's medical condition
- How specifically will the player benefit from playing with children one year younger?
- Does the player pose a danger to children younger than the player during physical activity?

California State Soccer Association-South adheres to the US Youth Soccer Registration Policy.

A medical play down exception once approved is only in affect for the seasonal year, and expires at the end of the regular season.

The parent shall submit:

- Physician Statement
- Completed Play Down Form and Signed Hold Harmless Agreement [Below]
- Medical Release [Player Registration Form]
- Copy of the state issued birth certificate

Please email, fax, or mail to the following [Subject Line Should Read "Medical Play Down Request"]:

Cal South  
1029 S. Placentia Avenue  
Fullerton, CA 92831

Email: [info@calsouth.com](mailto:info@calsouth.com)

Fax: 714.441.0715

Once received at the California State Soccer Association-South Corporate office, you will be contacted by phone for an interview within 7 to 10 business days following a review of the packet.

If you have any questions, please contact the League Account Management Department at 714.451.1513.



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**YOUTH MEDICAL PLAY DOWN VERIFICATION FORM**  
**(Disabled or Physically Challenged Child)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Requested Age Group \_\_\_\_\_ Current School /Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Additional Documents Required:**

\_\_\_\_\_ Physician’s Statement      \_\_\_\_\_ Medical Release      \_\_\_\_\_ Proof of Age Document

**MEDICAL PLAY DOWN AGREEMENT TO HOLD HARMLESS**

I, \_\_\_\_\_, am the parent/legal guardian of \_\_\_\_\_

I hereby agree and acknowledge the following:

- (1) I agree to abide by the rules of Cal South and its affiliated organizations and sponsors.
- (2) I recognize the inherent risk of serious or permanent physical injury and possible death associated with youth soccer activities and games. In consideration for Cal South accepting the youth player’s registration and participation in its sanctioned youth soccer leagues, tournaments and team travel activities (“Youth Programs”), I hereby release, discharge and/or otherwise indemnify and hold harmless Cal South, its affiliated organizations and sponsors, volunteers, their employees and associated personnel, including the owners of fields and facilities utilized for the Youth Programs, against any claim, lawsuit or written demand, including but not limited to any claims for personal or physical injury or death, by or on behalf of the registrant as a result of the registrant’s participation in the Youth Programs and/or being transported to or from the same, which transportation I hereby authorize.
- (3) I authorize verification of the registrant’s date of birth from legal records to be provided to a Cal South authorized representative for the limited purpose of verifying the Cal South player’s age and identity.
- (4) I consent to emergency medical care prescribed by a duly licensed Health Care Provider or Dentist. This care may be given under whatever conditions are necessary to preserve the life, limb or registrant’s well-being and I hereby agree to be financially responsible for all costs associated with such treatment.

I have read this release and waiver of liability and fully understand the terms. I understand that I waive substantial rights by signing this form. I agree to waive all such rights above including the right to file a legal action or assert a claim for personal or physical injury or death of any kind. I sign this release form freely of my own free will.

\_\_\_\_\_  
 Signature of Parent/Legal Guardian

\_\_\_\_\_  
 Date

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**Internal Use Only – Do not write below this line**

\_\_\_\_ Physician’s Statement    \_\_\_\_ Medical Release    \_\_\_\_ Proof of Age Document    \_\_\_\_ Affiliate Approval    \_\_\_\_ DC Approval