



Player Risk Acknowledgement Form

Baldwinsville Youth Soccer Association

P.O. Box 533, Baldwinsville, NY 13027

INSTRUCTIONS:

1. A parent or legal guardian must complete and sign this form.
2. The form must be given to the BYSA Registrar prior to this year's registration deadline.

I, parent/guardian of _____, request that my child be moved from the U6/U8/U10 division and allowed to play in the next higher division although he/she does not meet the age criteria for that division. I understand that my child will be competing against players that may be up to four years older and accept full responsibility for the additional physical risks that this may entail.

To the fullest extent permitted by law I agree to hold Baldwinsville Youth Soccer Association and any of its representatives, volunteers or board members *harmless* against any damages or personal injury arising out of the participation of the above child in practice, games or other activities of BYSA regardless if the damages/injury were caused in whole, or in part, by the difference in age and physical maturity of the player participating out of age bracket.

This waiver is valid for the current season only and expires June 30th.

Parent/Guardian's Name: _____ Date: _____

Parent/Guardian's Signature: _____

For Office Use Only

Accepted

Notes: _____

Declined

Signatures: _____

Registrar

League President