EAYSC PLAYING-UP CONSENT FORM

The UNITED STATES YOUTH SOCCER organization and the EAST ALLEGHENY YOUTH SPORTS CORPORATION require permission from a parent/guardian for any soccer players to play up in an older age group than the age group governed by birth year.

I, as a parent/guardian, am aware that my younger player will be playing against older, usually more physically developed players whose soccer skills are more advanced and whose play may be more physical. As parent/guardian, I give MY PERMISSION for

my child, __________________________________ ( _____ ) to play up

in the older age group of ____________ for the ______________ soccer season.

Age group
Year

In granting my permission, I release the above-mentioned soccer organizations from all responsibility should my child be injured, no matter how seriously, while a member of the team, and will not hold the above soccer organizations liable for any injuries that might occur.

(Before giving your child approval to play up, please consider your child’s maturity, size, coordination, muscular development, attitude, and social development in comparison to the team members of the older team.)

____________________________________________________________
Parent/guardian Approval ______________________________

______________________________________________
Coach Permission Team Date