

UNDER AGE PLAYING UP CONSENT & APPROVAL FORM

Kingsburg Youth Soccer League (KYSL) is a league of California Youth Soccer League and requires permission from parent(s)/guardian(s) for any soccer player to “play up” in an older age group as governed by the league’s current age matrix. This request must also be approved by the Head Coach accepting the player, KYSL Commissioner, and KYSL Registrar.

____ (initials) I, as parent/guardian, am aware that my younger player will be playing against older, usually more physically developed players, whose soccer skills may be more advanced and whose play may be more physical.

____ (initials) In granting my permission, I acknowledge that I fully understand that by playing up my child could be at more at risk of injury. Such injury could include, but not limited to; cuts, scrapes, sprains, damage to ligaments, broken bones, or concussions and such injury could be potentially serious, permanent or life threatening.

BEFORE giving your child permission 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.

Player Name: _____ Player Date of Birth: _____

Current Address: _____

SECTION 1 - TO BE COMPLETED BY PARENT/LEGAL GUARDIAN OF THE ABOVE

I, _____, being the parent/ guardian of the above undersigned player acknowledge that there may be an increased risk of injury should my son/daughter/ward, who is registered in a lower age grade, ‘play up’ in the abovementioned higher age grade. This consideration notwithstanding, I believe the above undersigned is of a sufficient standard of fitness and skill to play in this grade and hereby give my consent for the above undersigned to play ice hockey in the nominated higher age grade.

SIGNED: _____ DATE: ____/____/____

SECTION 2 - TO BE COMPLETED BY THE TEAM COACH OF THE HIGHER AGE

I, _____, being the Team Coach for KYSL’s U ____ (Boys/Girls/Co-Ed) (Team) _____, of which the above undersigned player is a prospective team member, acknowledge this player’s request and the possible risks involved in playing in a higher age grade. I believe the above undersigned is of a sufficient standard of fitness and skill to play in this grade, and I hereby give my approval for the above undersigned to play ice hockey in the nominated higher age grade.

SIGNED: _____ DATE: ____/____/____

SECTION 3 - TO BE COMPLETED BY LEAGUE COMMISSIONER

I, _____, being an appointed member for KYSL of which the above undersigned player is a registered member, acknowledge the possible risks involved and give the approval of the Club along with the player’s parents/ guardian, Team Coaches and Managers’, to play up in the nominated higher age grade.

SIGNED: _____ DATE: ____/____/____

SECTION 4 - TO BE COMPLETED BY KYSL ELECTED BOARD MEMBER, REGISTRAR

I, _____, being an elected League Board of Directors member for KYSL of which the above undersigned player is a registered member, acknowledge the possible risks involved and give the approval of the League along with the player’s parents/guardian, Team Coach, to play up in the nominated higher age group.

SIGNED: _____ DATE: ____/____/____