



**Elk Grove Youth Soccer League
"Play Up" Waiver Request Form**

Elk Grove Youth Soccer League allows parents/players to request a WAIVER to allow their player to "play up" into one- or two-year age groups. Requests and any approval granted are for one playing season only. Requests are by written application only by the parent or legal guardian. While the Elk Grove Youth Soccer League does not recommend that players play up, the League's leadership does recognize that there may be a number of factors, including but not limited to, size, maturity, soccer experience, and exceptional skills that may warrant a child's ability to play up.

Player's Name: _____

Phone: _____ Email: _____

Parent's Name: _____

Player Date of Birth: _____ Actual EGYSL Age Group: _____

Requested Age Group: _____

I, the parent/guardian of the above-minor child, hereby request my child to play soccer in an age group older than that assigned and recommended by EGYSL. I am aware that my child will be playing soccer against older and potentially more physically developed players with potentially higher level of soccer skills, and I, therefore, recognize the added risks to my child's health and safety, as well as to my child's emotional well being. In signing below, I accept these risks and accept all and every liability and responsibility stemming from such risks as my own, and I absolve the Elk Grove Soccer League, its affiliated clubs, board members, volunteers, and associated personnel against any claims by or on behalf of the soccer play named above and from any responsibility for the same. I also acknowledge that I am making this decision on my own initiative and have not been requested to do so by any Elk Grove Soccer League coach or member.

INFORMED CONSENT/INSURANCE NOTICE - EGYSL RECOMMENDS THAT PLAYERS NOT REGISTER TO A TEAM WITH OTHER PLAYERS WHO'S AGE GROUP EXCEEDS THE REQUESTING PLAYER'S ACTUAL AGE GROUP.

It is EGYSL's policy that all players compete at a level they are capable of, both physically and developmentally. For a player to move up more than one or two normal age groups requires approval from the EGYSL Board of Directors or Director of Coaching

INFORMED CONSENT: I, the parent/guardian of the registrant, agree that we will abide by the rules of Elk Grove Youth Soccer League and the applicable affiliated club for which my child will play. My/our child wishes to participate in soccer during the season of this registration. I/we realize risks are involved in my/our child's participation. I/we understand that the risk to my/our child includes full range of injuries from minor to severe, and the result could be death, paralysis, or other serious, permanent disability. I/we accept this risk as a condition of my/our child's participation.

Parent/Guardian – Print Name: _____

Parent Signature: _____ Date: _____

EGYSL President Signature: _____ Date: _____