

Idaho Youth Soccer Association
Play-up Consent Form

The UNITED STATES YOUTH SOCCER organization, the IDAHO YOUTH SOCCER ASSOCIATION and your local affiliate require special 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 or school 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,

_____ (player name) _____ (age/grade)
to play up in the older age group of _____ for the _____
(age/grade) (season)
soccer season.

In granting my permission, I release the above-mentioned soccer organizations from all responsibility should my child be injured, no matter how serious, 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	Date
_____	_____
Coach Approval	Date
_____	_____
Affiliate Approval	Date