



FLORIDA REVOLUTION "PLAY UP" REQUEST

Florida Revolution allows players to request a WAIVER allowing the player to "play up". Request is by written application only by the parent or legal guardian. **WE DO NOT RECOMMEND THAT CHILDREN PLAY UP ABOVE THEIR FYSA AGE GROUP.** Requests to move up more than one age group are rarely granted, must have extreme extenuating circumstances and will need to be sent to FYSA for final approval. **This request is for purposes of the player receiving an evaluation by the DOC only and is not a guarantee that the player will be invited to try out for an older team.**

Player's Name: _____

Phone: _____ Email: _____

Parent's Name: _____

Player Date of Birth: _____ Assigned FYSA 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 recommended and dictated by the Florida Youth Soccer Association (FYSA) and Florida Revolution Soccer Club. I am aware that my child will be playing against older, more physically developed players with potentially higher level of soccer skills, and therefore recognize the added risks to my child's health and safety, as well as my child's emotional well being. In signing below, I accept these risks as my own, and accept all and every liability and responsibility stemming from such risks as my own, and absolve Florida Revolution Soccer and FYSA from any responsibility for same. I also acknowledge that I am making this decision on my own initiative, and have not been requested to do so by any Florida Revolution Soccer coach or member.

INFORMED CONSENT/INSURANCE NOTICE

FYSA RECOMMENDS THAT PLAYERS NOT REGISTER TO A TEAM WHOSE AGE GROUP EXCEEDS THE PLAYER'S

NORMAL AGE. It is FYSA'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 normal age grouping will require approval from the affiliate's director of coaching or agent of record, and the FYSA Director of Coaching.

INFORMED CONSENT: I, the parent/guardian of the registrant, agree that we will abide by the rules of Malabar Soccer, the state association (FYSA) and all its affiliated organizations. 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

Signature _____

Date _____

Director of Coaching Approval _____

Date _____