



PLAYING UP CONSENT FORM

The FLORIDA YOUTH SOCCER ASSOCIATION (FYSA), and/or the BONITA YOUTH SOCCER, INC. (BYS), require permission from a parent/guardian for any soccer player to "play up" in an older age group as governed by birth year.

This request must also be approved by the BYS's Board for ANY player requesting to "play-up" one year AND the FYSA's Director of Coaching for ANY player requesting to "play-up" more than one year.

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.

As parent/guardian, I give MY PERMISSION for my child,

_____, (_____) to play-up _____ year(s) above his/her
Name Age

*FYSA stated age group. In granting my permission, **I fully understand** that my child could be injured. The injury could include, but not be limited to; cuts, scrapes, sprains, damage to ligaments, broken bones, concussions, or possibly even death.*

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.

Parent/Guardian Signature Print Name Date

Approved:

BYS Agent of Record Print Name Date

As Required:

FYSA Director of Coaching Print Name Date

Bonita Youth Soccer, Inc., 7121 Timberland Circle, Naples, FL 34109