



“Play Up” Request Form and Waiver

Commonwealth of Pennsylvania

County of Allegheny

I, _____, acknowledge that my child, _____, is participating on a soccer team and playing in an age group older than said child’s actual playing age group. I further understand that there are possible risks inherent in my child playing on a team and in an age group with older players and with that understanding I willingly assume any liability of my child participating in this manner.

Date:

Print parent/guardian name:

Parent/guardian signature: