



ROCKLEDGE SOCCER CLUB
PLAYING-UP
CONSENT FORM



The FLORIDA YOUTH SOCCER ASSOCIATION, and/or the ROCKLEDGE SOCCER CLUB, Inc. 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 Rockledge Soccer Club’s Director of Coaching AND the Florida Youth Soccer Association’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 maybe more advanced and whose play maybe more physical.

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

_____ (_____) to play-up _____ year(s)
name age

in the older age group of _____ for the _____ soccer season.
age group season

In granting my permission, I fully understand that my child could be injured. The injury could include, but is not 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 Approval *Print name* *Date*

RSC Agent of Record *Print Name* *Date*

As required:

RSC Director of Coaching *Print Name* *Date* Approve / Decline
Circle One

FYSA Director of Coaching *Print Name* *Date* Approve / Decline
Circle One

** Use back or separate sheet as needed for additional information to aid in determination of approval or reason for rejection **