

APPLICATION TO PLAY UP

Name of Player: _____ Birth Date: _____

Address: _____ Phone: _____

Reason for Application: _____

Player's Health Insurance Carrier: _____ Liability: _____

As the parent(s)/guardian(s) for the above named individual, I (we) recognize that having a player participate in an older division may present additional hardships, both mental and physical, with which the player must deal. I (We) acknowledge that Sunflower Soccer Association, Inc., thereafter referred to as SSA, recommends participation on the basis of established age divisions, that SSA has informed me (us) that a perception of additional risk exists, and that SSA cannot inform me (us) in advance of all problems or difficulties which may face the child or add to the risk, real or perceptual, inherent in placing the child in an older age division. I (We) acknowledge that SSA cannot guarantee or assure the safety of this or any child playing soccer. I (We) further acknowledge that SSA has informed me (us) that age divisions may be made up of players from multiple birth years, significantly placing my (our) child at a greater perceptual disadvantage. I (We), the undersigned parent(s)/guardian(s) of the above-named player, having considered the warnings provided above, hereby request and give my (our) permission for the above-named player's participation on a team in an age division older than that team in which his/her birth date would place the player. I (We) hereby agree to accept full responsibility for any mental or physical injury or medical or other expense that might result from playing soccer by the above-named player and waive any rights to recovery or effect from the Association or its employees, officers, trustees, commissioners, referees, volunteers and coaches for any action, policy or rule, known or unknown to me (us), any mental or physical injury, or medical or other expense that might result from playing soccer by the above-named player.

Father's Name (Please Print): _____

Father's Signature: _____ Date: _____

Mother's Name (Please Print): _____

Mother's Signature: _____ Date: _____

Subscribed before me this ____ *day of* _____

Notary
My Seal expires _____