

RIVER CITY YOUTH SOCCER LEAGUE
PARENT CONSENT
FOR CHILD TO PLAY ABOVE AGE GROUP

I give permission for my child:

Child's Name: _____

Birthdate: _____

(mm/dd/yy)

Soccer Age: **Under** - _____
(age group & gender)

to play soccer on a team in an older age group during the 2008/2009 season:

Club Name: Arden Park Soccer

Coach Name: _____

Team Name: _____

Team Soccer Age: **Under** - _____
(age group & gender).

- I understand that my child will be competing against older and possibly larger players. I accept any risks in this situation and give my child permission to play on the aforementioned older team.
- I understand that my child may have reduced playing time because of developmental differences.
- I accept any risks in this situation and give my child permission to play on the aforementioned older team.
- I understand this request may not be approved depending on Club policy and team needs.

Parent Name: _____
(Print name)

Parent Signature: _____

Date: _____