



# Utah Youth Soccer Association



www.utahyouthsoccer.net

## Application to Play in an Older Age Group

For play-up information reference Utah Youth Soccer Assn. Play Up Policy 3:06:01

DISTRICT NUMBER \_\_\_\_\_ LEAGUE NUMBER \_\_\_\_\_ ACTUAL AGE-GROUP \_\_\_\_\_ DESIRED AGE-GROUP \_\_\_\_\_

### PLAYER'S INFORMATION

\_\_\_\_\_  
 Player's Last Name (FULL NAME MUST APPEAR EXACTLY AS ON BIRTH CERTIFICATE/LEGAL DOCUMENT)
 \_\_\_\_\_  
 Player's First Name
 \_\_\_\_\_ Initial
 \_\_\_\_\_

\_\_\_\_\_  
 Street Address
 \_\_\_\_\_ City
 \_\_\_\_\_

\_\_\_\_\_  
 State
 \_\_\_\_\_ Zip Code
 \_\_\_\_\_ Area Code
 \_\_\_\_\_ Telephone Number
 \_\_\_\_\_ Birth Month
 \_\_\_\_\_ Birth Date
 \_\_\_\_\_ Birth Year

### TEAM INFORMATION

\_\_\_\_\_  
 Team Name
 \_\_\_\_\_ Coaches License Level
 \_\_\_\_\_

\_\_\_\_\_  
 Coach's Last Name
 \_\_\_\_\_ Coach's First Name
 \_\_\_\_\_ Initial
 \_\_\_\_\_

### JUSTIFICATION FOR APPLICATION

Please print clear and concise \_\_\_\_\_

### PARTICIPATION RISK STATEMENT

"I the undersigned am a parent or legal guardian of the named minor, and have provided proof of the minor's age by a copy of the birth certificate or court order attached to this Application. At my request, the named minor is playing with an older team than is his or her proper age group. I fully understand that a greater risk for injury exists from playing in the older age group. In my capacity as parent or legal guardian, I have informed and advised the minor's other parent, or all others guardians identified by the court, that an enhanced risk of debilitating injury exist from playing with the older age group. I understand the risks and my responsibility to notify the other parent or legal guardians as well as the minor, and have made a conscience decision to allow the named minor to play and share with all other parent, legal guardian or minor in any determined negligence. I agree that I will maintain health and accident insurance that will provide primary coverage for any expenses from any such injury, including for rehabilitation, and I hereby pledge such coverage to UYSA. I also agree that I will maintain liability insurance to cover liability costs resulting from a claim from any source, and I further pledge such coverage to UYSA. I have notified and/or secured the consent of my insurance companies regarding their potential exposure, and their response (if any) is attached."

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### FOR DISTRICT PLAY ONLY

Approved  Disapproved  Comments \_\_\_\_\_

League / Club President (When Applicable) \_\_\_\_\_ Date \_\_\_\_\_

District Chairman's Signature (When Applicable) \_\_\_\_\_ Date \_\_\_\_\_

### FOR STATE COMPETITION PLAY ONLY

League / Club / District Technical Director \_\_\_\_\_ Date \_\_\_\_\_

Approved  Disapproved  Comments \_\_\_\_\_

State Technical Director Signature \_\_\_\_\_ Date \_\_\_\_\_



**THE GOVERNING BODY FOR AMATEUR YOUTH SOCCER IN UTAH**  
 Utah Youth Soccer is the only Utah provider of youth soccer approved by both the United States Youth Soccer Association (USYSA) and the United States Soccer Federation (USSF)

