

# PLAYING UP CONSENT FORM

LAGRANGE SOCCER CLUB, INC. (LSC), 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 LSC’s Director of Coaching AND the LSC Board for ANY player requesting to “play-up”.

*I, as parent/guardian, am aware that my younger player will be playing against older, usually more physically developed players whose soccer skills may be more advanced and whose play may be more physical.*

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

\_\_\_\_\_, (\_\_\_\_\_) to play-up \_\_\_\_\_ years above his/her  
Name Age

EYHL or US Club Soccer stated age group. In granting my permission, I fully understand that my child could be injured. The injury could include, but 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 Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Approved:

\_\_\_\_\_  
LSC Agent of Record

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Coaching

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

# LAGRANGE SOCCER CLUB PLAYING-UP APPLICATION FORM

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Current Team: \_\_\_\_\_

Coach: \_\_\_\_\_

Age Group/Team Request: \_\_\_\_\_

I have read and understand the Playing-up Policy and Procedures.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Reason for this request:

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