Permission to Play Above Age Bracket

I …….. request that my child …….

be allowed to play up or over (*from the gender they are born into*) for one year for East Ridge Express ……. Red / White / Black, Boys / Girls during the 2010 / 11 season,

Coached by ……

My reason for the application is:

- ☐ Grandfathered in
- ☐ Ability
- ☐ Obvious disagreement with coach
- ☐ Siblings and or, parent is a coach
- ☐ No team in age group

Declaration:

The following statement must be read and signed in agreement of your decision to allow your child to play within an older age bracket.

I understand this is my choice, and I have been made aware of the increase in potential risk to my child in playing with an older age bracket. I, knowing this, give my child permission to play in an older age bracket. I will not hold ERSA (East Ridge Soccer Association) responsible for any possible injury occurring, as a result of my child playing above their age division.

……..

Parent/Legal Guardian (printed)

…….. ……

Parent/Legal Guardian (Signature) Date

Board Approval

☐ Approved D.O.S …….. Date: ……

☐ D.O.C …….. Date: ……

☐ Other …….. Date: ……