



California State Soccer Association – South
 1029 S. Placentia Avenue | Fullerton, CA 92831
 Phone 714.778.2972 | Fax 714.441.0715 | Toll Free 888.429.7276

YOUTH PLAY UP POLICY

(For Youth Players Playing Up 3 or More Years)

The following waiver must be executed by the parent/legal guardian of the youth participant requesting to play up in age by three or more years in accordance with Cal South Rule 1.4.3.2. The parent/legal guardian recognizes the inherent risk of potential injury as part of playing against older participants and accepts any and all legal liability and risk in doing so.

Cal South Rule 1.4.3.2

A Youth Player may play up in age. If it is three (3) years or more beyond the player’s proper birth date age division, the parent/guardian of the player will be required to execute an additional Waiver and Release of Liability prior to approval.

AGREEMENT TO HOLD HARMLESS

I, _____, am the parent/legal guardian of _____

I hereby agree and acknowledge the following:

- (1) I agree to abide by the rules of Cal South and its affiliated organizations and sponsors.
- (2) I recognize the inherent risk of serious or permanent physical injury and possible death associated with youth soccer activities and games. In consideration for Cal South accepting the youth player’s registration and participation in its sanctioned youth soccer leagues, tournaments and team travel activities (“Youth Programs”), I hereby release, discharge and/or otherwise indemnify and hold harmless Cal South, its affiliated organizations and sponsors, volunteers, their employees and associated personnel, including the owners of fields and facilities utilized for the Youth Programs, against any claim, lawsuit or written demand, including but not limited to any claims for personal or physical injury or death, by or on behalf of the registrant as a result of the registrant’s participation in the Youth Programs and/or being transported to or from the same, which transportation I hereby authorize.
- (3) I authorize verification of the registrant’s date of birth from legal records to be provided to a Cal South authorized representative for the limited purpose of verifying the Cal South player’s age and identity.
- (4) I consent to emergency medical care prescribed by a duly licensed Health Care Provider or Dentist. This care may be given under whatever conditions are necessary to preserve the life, limb or registrant’s well-being and I hereby agree to be financially responsible for all costs associated with such treatment.

I have read this release and waiver of liability and fully understand the terms. I understand that I waive substantial rights by signing this form. I agree to waive all such rights above including the right to file a legal action or assert a claim for personal or physical injury or death of any kind. I sign this release form freely of my own free will.

 Signature of Parent/Legal Guardian Date

Internal Use Only – Do not write below this line

_____ Affiliate Member Approval _____ District Commissioner Approval