



SATELLITE BEACH SOCCER CLUB, INC.  
PLAYING-UP  
CONSENT FORM

The FLORIDA YOUTH SOCCER ASSOCIATION, and/or the SATELLITE BEACH SOCCER CLUB, Inc. 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 Satellite Beach Soccer Club’s Director of Coaching AND the Florida Youth Soccer Association’s Director of Coaching for ANY player requesting to “play-up” more than one year.

*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 \_\_\_\_\_ year(s)  
Name (Print) age

in the older age group of \_\_\_\_\_ for the \_\_\_\_\_ soccer season.  
age group season

*In granting my permission, I fully understand that my child could be injured. The injury could include, but is 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 Approval Print name Date

\_\_\_\_\_  
SBSC Agent of Record Print Name Date

As required:

\_\_\_\_\_  
SBSC Director of Coaching Print Name Date Approve / Decline  
Circle One

\_\_\_\_\_  
FYSA Director of Coaching Print Name Date Approve / Decline  
Circle One