



Fallbrook Villa FC (FYSL) Placement/Play-Up Request and Waiver Form

Player's Name: _____

Player's Date of Birth: _____ Requested Age Group: _____

Player's Most Recent Team/Coach: _____

Parent/Guardian's Name: _____

Phone: _____ Email: _____

I, the parent/guardian of the above minor child, hereby request my child to play soccer in an age group older than that recommended by Fallbrook Villa FC (FYSL) and U.S. Youth Soccer. I am aware that my child will be playing against older, more physically developed players with potentially higher level skills, and therefore recognize the added risks to my child's health and safety, as well as my child's emotional wellbeing. In signing below, I accept these risks as my own and accept all and every liability and responsibility stemming from such risks as my own and absolve Fallbrook Villa FC (FYSL) from any responsibility for same. I also acknowledge that I am making this decision on my own initiative and have not been requested to do so by any Fallbrook Villa FC (FYSL) coach/trainer, member or parent.

Parent/Guardian Signature

Date