



Table Rock Soccer Club's focus is on player development. We encourage parents or legal guardians to request a WAIVER to allow their child to "play up", if their player could benefit from playing in a higher division than their age designates, with respect to their soccer experience and skill-set. Playing up is defined as a child playing in an older age group than what is designated by US Club.

There are a number of factors, including but not limited to; size, maturity, soccer experience, and exceptional skills that may warrant a parent or guardian's request to have a child play up.

"Play Up" Request and Waiver Form

I, the parent/guardian of _____, hereby request that my child play soccer in an age group older than that assigned. I am aware that my child will be playing soccer against older, larger and potentially more physically developed players with potentially higher level of soccer skills, and I, therefore, recognize the added risks to my child's health and safety, as well as to my child's emotional well-being. In signing below, I accept these risks and accept all and every liability and responsibility stemming from such risks as my own, and I hereby indemnify and hold harmless Table Rock SC, its affiliated clubs, board members, volunteers and associated personnel against any claims by or on behalf of the soccer player named above and from any responsibility for the same. I also acknowledge that I am making this request on my own initiative and have not been advised to do so by any person, coach or board member associated with Table Rock SC.

If this request is approved, I understand and agree that my child will not be allowed to play at a lower level for the remainder of the season.

INFORMED CONSENT: I, the parent/guardian of the registrant, agree that we will abide by the rules of Table Rock SC and the applicable affiliated leagues for which my child will play. My child wishes to participate in soccer during the season of this registration. I realize risks are involved in my child's participation and I understand that the risk to my child includes full range of injuries from minor to severe, and the result could be death, paralysis, or other serious, permanent disability. I accept this risk as a condition of my child's participation.

Requests and approvals granted are for one playing season only.

Actual Division: U - Requested Division: U -

Previous Coach: _____ Contact Number: _____

Parent/Guardian Signature: _____ Date: _____

Table Rock SC's Board of Directors will review this request and consult with the player's current/former coach. If the Board deems it appropriate for your player to try-out for the requested Division the player must attend a minimum of two (2) practices and a maximum of three (3) before a decision will be made. If you have any questions about this process, please contact the Club Registrar at registrar@tablerocksoccer.com. Thank you!