

# Player Age Group Waiver



All players are expected to play in their 2-year age division as determined by birth date. Requests for any exceptions must be submitted to the BCYSL board for consideration. No roster including an "under age" player will be signed without an accompanying approved/signed age group waiver.

## Playing Up Guidelines

A player will only be permitted to register for a team in the next older age division after providing written consent of the player's legal guardian and the Club Coordinator of the member organization with which the player is registered with Mass Youth Soccer.

## Minimum U10 Age Requirement

No player, regardless of ability, whose 7th birthday falls after July 31st prior to the start of the upcoming fall or spring seasons, may register for a U10 team.

Name of Club Requesting Waiver \_\_\_\_\_

Fall  Spring Year \_\_\_\_\_

Team & Gender/Age Division Player Seeks Permission To Play On/In \_\_\_\_\_

Name of Player to be Waived \_\_\_\_\_

Player's Date of Birth \_\_\_\_\_ Player's School \_\_\_\_\_ Player's Grade \_\_\_\_\_

### Grounds for Waiver

All waivers must be approved by the BCYSL Board. There are only three circumstances under which a waiver will be considered.

- The club does not have enough players to field a team in the older age group without the participation of the player or there is no team in the players age group.
- The player is being placed on a team with his or her classmates.
- The player's skills justify the placement.

*Our club has executed due diligence in an effort to confirm that the indicated grounds for a waiver are accurate as applied to the above named player and we support this waiver request.*

Club Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

BCYSL Board Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

**RELEASE - READ CAREFULLY BEFORE SIGNING. THIS IS A BINDING, LEGAL RELEASE IN THE COMMONWEALTH OF MASSACHUSETTS.**

I hereby release and forever discharge Berkshire County Youth Soccer League ("BCYSL"), its officers, directors, agents, affiliates, employees, and other persons for whose conduct it is responsible, of and from all actions, causes of action, damages, personal injuries and any and all claims, demands and liabilities whatsoever to my child or myself, or resulting or arising from participation in travel soccer programs (and more specifically my child playing in an age group above that indicated by their date of birth), or caused in any way by BCYSL, its officers, directors, agents, affiliates, employees, and other persons for whose conduct it is responsible. I fully understand the language contained in this Release and I have not relied on any representations made to me by BCYSL, its officers, directors, agents, affiliates, employees, and other persons for whose conduct it is responsible regarding the meaning or purpose of this Release.

SIGNATURE OF PARENT (DO NOT PRINT) \_\_\_\_\_

NAME \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_ ZIP \_\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_