

**SPACE COAST UNITED SOCCER CLUB**  
**“PLAYING-UP”**  
**CONSENT FORM**

The Space Coast United Soccer Club (SCUSC) and the Florida Youth Soccer Association (FYSA) recommend that players play within their own “natural” age group, as determined by their birth date.

Consent must be provided by the SCUSC Director of Coaching (DOC) for children to play up in an older age group. An individual requesting to play up more than one natural age grouping, as determined by their birth date, requires permission from both the SCUSC Director of Coaching, or designee, AND the FYSA Director of Coaching, as defined in the FYSA by-laws.

I, as parent/guardian of \_\_\_\_\_, (\_\_\_\_-\_\_/\_\_\_\_/\_\_) give my  
Player Name Age & DOB

consent for my child to play-up \_\_\_\_\_ year(s) in the older age group of \_\_\_\_\_ for  
Age Group

the \_\_\_\_\_ soccer season.  
Season

I acknowledge that soccer is a physical, contact sport and recognize the inherent risk associated through participation. Further, I acknowledge and fully understand that my child may be injured while participating. These injuries include, but are not limited to, bruises, broken bones, lacerations, scrapes, damage to ligaments, concussions, paralysis or possibly even death. I grant permission for my child to participate despite these risks.

\_\_\_\_\_  
Parent/Guardian Signature Print Name Date

\_\_\_\_\_  
SCUSC DOC or Agent Print Name Date Approve/Decline  
Circle one

As required:

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

\*Please use the reverse side for any and all additional information required for approval or substantiation for rejection\*

Space Coast United Soccer Club, PO Box 410301, Melbourne, Florida 32941