

**Liability Release and Waiver for  
Age Up from true age team to older team  
Player Information**

First name:	Middle initial:	Last name:
Home address:		
City:	Zip Code:	
Date of birth:	Gender: Male Female	
League:		
Parent or Guardian Information:		
First name:	Middle initial:	Last name:
Home address:		
City:	Zip Code:	
Home phone:	Cell phone:	
Business phone:	Email:	

**IMPORTANT LIABILITY RELEASE AND WAIVER – MUST BE SIGNED**

I, the parent/legal guardian of the above-named player, a minor, agree that I and the player for myself and the player and our respective heirs, administrators and successors, intending to be legally bound hereby release and agree to indemnify the California Youth Soccer Association, Inc. (CYSA) and its affiliated organizations, their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with playing on an older aged team while participating in any game, competition, practice or other CYSA sanctioned event.

Guardian Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_