



**PLAYER 1 YEAR UP WAIVER FORM**

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www.vaughansoccer.com

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

I, \_\_\_\_\_ understand that my child, \_\_\_\_\_ will be playing with players that are (1) one year older. I am aware that the Vaughan Soccer Club does not recommend this decision. As the child's parent/legal guardian I take full responsibility for any injury that may be suffered while participating in any/all Vaughan Soccer Club programs. I, also understand that the above mentioned child will not be guaranteed equal playing time.

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Parent/Legal Guardian's Full Name (please print)

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Signature of Parent/Legal Guardian

OSA Evaluation Form must be signed by Parent/Guardian and said form must then be reviewed and signed by Club Technical Director approving the playing up waiver.