



## RECREATIONAL PLAYER 1 YEAR UP WAIVER FORM

PO Box 852, 11151 Keele St. Maple., ON L6A 1S1

T. 905-832-0911 F. 905-832-0624

recreational@vaughansoccer.com

www.vaughansoccer.com

---

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 (VSC) 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.

---

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

---

Signature of Parent/Legal Guardian

OS 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.

\*Completion of this form does not guarantee that VSC will approve or allow a player to play in an older age group.