

**SPINDLETOP YOUTH SOCCER ASSOCIATION  
PLAY-UP LIABILITY WAIVER**

IN REQUESTING THE PLAY-UP OF MY SON/DAUGHTER, I REALIZE THAT HE/SHE WILL BE PLAYING WITH OLDER AND, IN SOME CASES, LARGER PLAYERS. KNOWING THIS, I RELIEVE GCYSC AND SYSA OF ANY LIABILITY FOR INJURIES THAT MY CHILD MAY INCUR AS A RESULT OF THIS PLAY-UP.

**PLAYERS NAME:**

**PARENTS SIGNATURE:**

**DATE:**

**COACHES SIGNATURE:**

**TEAM NAME:**

**AGE DIVISION:**

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TO BE COMPLETED BY ASSOCIATION ADMINISTRATOR

**APPROVED BY:**

**DATE:**