

**CENTRAL PENNSYLVANIA YOUTH SOCCER LEAGUE
HIGHER AGE/DIVISION CONSENT FORM**

Players should only play up in an age/division when their physical capacity and social sense enables them to compete adequately at the higher age/division and should be based on the advantages to be gained by the player, not just to make up numbers to generate a team.

The age difference for players participating on a team in CPYSL shall not be greater than two (2) years for players whose true age of eligibility is for U11 Divisions & under, and three (3) years for players whose true age of eligibility is U12 or older. Any player requesting to play up in age more than two (2) years at the U11 & below ages or three (3) years at the U12 & older age groups will require the Club of the player to petition the respective CPYSL VP for acceptance at the requested level.

In addition to the Player's Club request for considerations to play up in age/division, CPYSL requires permission from the parent/guardian for any soccer player requesting to play up in age/division higher than CPYSL recommended Guidelines and for this request to be filed by the registered players club. The intent is to clearly communicate to the parent/guardian the risks involved with a younger child playing soccer with older, likely larger physically, and more skillful than the requesting player.

Before giving approval for the player to play at the requested level, please consider the applicant's maturity, size, coordination, muscular development, attitude, and social development in comparison to the team members of the older team.

Checklist (to be completed by Requesting Club Registrar):

_____ Club request for consideration emailed to respective CPYSL Vice President (Boys/Girls), copies to CPYSL Executive Administrator (Mandatory)

_____ Documentation/Unbiased opinions from third party acknowledging players ability to play at requested level. (recommended)

_____ Video or documentation supporting request.

Can be from Team Coach or player's HS Coach stating they are playing at a varsity high school level, opposing coaches, mentors, soccer camp directors, high school athletic director.

Applicant Information

Name: _____
Present Team _____
Requested Team _____
Date of Birth: _____
Parent's Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Parent's e-mail: _____

I/We hereby give permission for my/our son/daughter stated above to play in the higher age/division noted on this request. I/We are aware of the increased risks that our son/daughter will be exposed to both physically and mentally by playing in a higher age/division.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

On behalf of the (club name requesting permission): _____

We hereby give permission for the above noted player to play in the requested age/division also noted above. We are aware of and have explained the increased mental and physical risks of playing in a higher age/division to both the player and their parents/guardians.

Club Representative name: _____

Club Representative Signature: _____

Date: _____