



Jim Thorpe Rotary Youth Sports Association

Application to Advance an Age Group



Season: _____ (Application must be completed for each season that advancement is requested)

Child's Name: _____ Male Female

Street Address: _____

City, State, and Zip Code: _____

Phone Number: _____

Email Address: _____

Child's Date of Birth: _____ Grade: _____ Elementary School: _____

Child's Current Age Group: U-6 U-8 U-10 U-12

Child's Desired Age Group: U-8 U-10 U-12 U-14

Child's Previous Team: _____ Child's Previous Coach: _____

I represent that I am of legal age and the custodial parent or legal guardian of the child whose name appears above and that I have legal rights to sign this document in that capacity. I understand that, by requesting to have my child advance an age group, I am allowing him/her to play with or against children who are older and may be more athletic and more skilled than my child. I also acknowledge my awareness that my child's participation in an advanced age group exposes my child to a greater risk of personal injury, including injury that may be fatal, than would exist if he/she were playing at an age-appropriate level. I declare that the Jim Thorpe Rotary Youth Sports Association, herein referred to as JTRYSA, is not responsible for any injury suffered while playing or practicing at an advanced level. I further covenant and agree that I will not sue JTRYSA, its members individually, its officers, agents or volunteers for any injury resulting from or in any way connected with my child's participation in an advanced age group in the JTRYSA youth soccer league. By signing below, I affirm that the terms and conditions of the Waiver of Liability that was signed in conjunction with the current season's registration form, is in full effect in conjunction with this agreement. Additionally, by signing below, I hereby certify that I have read this entire document, that I understand its terms, that I am giving up legal rights and/or remedies that I might otherwise have available to me for ordinary negligence of JTRYSA or any parties listed above, and that I have signed it knowingly and voluntarily.

Parent or Guardian's Name (Please Print): _____

Parent of Guardian's Signature _____ Date _____

Coach's Recommendation:

By signing this form, I am stating that the child whose name appears above possesses skill and athletic ability that is extremely advanced for his/her current age group. To give this player a better chance to develop his/her soccer skills, I am recommending that the child be moved to the age group listed above under "Child's Desired Age Group." I also understand that this recommendation is to be based solely upon what is best for the above-named player in terms of the sport of soccer and does not serve a social function. I realize that friendships, carpooling issues, or other situations unrelated to the sport of soccer do not justify a recommendation to advance an age group and doing such would be detrimental to both the player and the league.

Reason for Advancement: _____

Coach's Name (Please Print): _____

Coach's Signature _____ Date _____

JTRYSA Use Only. Please Do Not Write Below This Line.

Date Submitted: _____ Board Discussion: _____ Approval /Declination: _____ Date _____