



## Mohawk Soccer Club – Playup Authorization Form

**Commonwealth of Pennsylvania**

**County of** \_\_\_\_\_

I, \_\_\_\_\_, acknowledge that my child, \_\_\_\_\_, is participating on a team and playing in an age group older than said child's actual playing age group.

I further understand that there are possible risks inherent in my child playing on a team and in an age group with older players and with that understanding I willingly assume any liability of my child participating in this manner.

\_\_\_\_\_  
*Signature of parent*

\_\_\_\_\_  
*Print parent's name*