



# Hamilton Township Youth Athletics

## "PLAY UP" WAIVER FORM

Use this form to request a WAIVER from Hamilton Township Youth Athletics to allow a player/child to "play up" into a different age group for the current season. Requests must be made by the parent or legal guardian of the player. Requests must be made prior to team assignments for the season.

### PLAYER INFORMATION (One per form)

First Name	Middle Initial	Last Name	Date of Birth / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Current Grade
Address			Name of School		
City	State	Zip	Previous Coach Name		
Emergency Contact Name & Phone Number (Other than Parent listed below)			Physical conditions HTYA should be aware of? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain: _____ _____		

### PLAYER INFORMATION

Program <input type="checkbox"/> Soccer <input type="checkbox"/> Softball <input type="checkbox"/> Basketball <input type="checkbox"/> Cheerleading <input type="checkbox"/> Baseball <input type="checkbox"/> _____		Has the Player Played this sport before? <input type="checkbox"/> No <input type="checkbox"/> Yes, Number of Seasons: _____
Normal Age Division <input type="checkbox"/> U06/T-ball <input type="checkbox"/> U08/Coach Pitch <input type="checkbox"/> U10/Minors <input type="checkbox"/> U12/Majors <input type="checkbox"/> Other: _____	Requested Age Division <input type="checkbox"/> U06/T-ball <input type="checkbox"/> U08/Coach Pitch <input type="checkbox"/> U10/Minors <input type="checkbox"/> U12/Majors <input type="checkbox"/> Other: _____	Reason for Request to Play Up: _____ _____

### PRIMARY GUARDIAN INFORMATION

First Name	Last Name	Relationship
Address <input type="checkbox"/> Same as Player		
City	State	Zip
Home Phone	Cell Phone	
Email Address		

### SECONDARY GUARDIAN INFORMATION

First Name	Last Name	Relationship
Address <input type="checkbox"/> Same as Player		
City	State	Zip
Home Phone	Cell Phone	
Email Address		

### STATEMENT OF UNDERSTANDING & SIGNATURE

I, as the parent/guardian of the above-minor child, hereby request my child be granted approval to play up into the division listed above. I understand the following risk applies to my request and agree to hold Hamilton Township Youth Athletics (HTYA) harmless of any and all liabilities associated with my decision to move up my child/player. To help protect the leagues youth participants and to eliminate liability to Hamilton Township Youth Athletics ("HTYA"), please read each statement below acknowledging your understanding of the risk.

- I am making this request as the parent or legal guardian of the player.
- I understand the request and any approval granted are for the current playing season only.
- I understand HTYA allows parents/players to request that their child/player be allowed to "play up" into a different age group however, does NOT RECOMMEND that players play up.
- I understand and am willing to take full responsibility of the risk that my child will be playing against older and potentially more physically developed players with potentially higher level of skills, and I, therefore, recognize the added risks to my child's health and safety, as well as to my child's emotional well-being.
- I recognize the possibility of increased physical injury as a result of my child's participation in a higher age group, by signing below, I accept these risks and accept all and every liability and responsibility stemming from such risks as my own, I hereby release, discharge and/or otherwise indemnify HTYA, its board members, affiliated organizations, and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any and/or all claims by or on behalf of the player as a result of players participation with HTYA.
- I also acknowledge that I am making this decision on my own initiative and have not been requested to do so by any HTYA coach or member.
- I acknowledge HTYA reserves the right to deny any play up request and will respect and honor that right.

Parent Name

Parent/Guardian Signature

Date

### FOR HTYA ADMINISTRATIVE OFFICE PURPOSES ONLY

Received Date	Received By	Board Action <input type="checkbox"/> Request Approved <input type="checkbox"/> Request Denied	Action Date	Board Member Initials	Eligible Season
---------------	-------------	---	-------------	-----------------------	-----------------