



---

*New England Youth Tackle Football Inc.*

*Hard Work / Discipline / Dedication*

---

### Play Up Waiver Request

NEYT allows players to request a WAIVER allowing the player to “play up” one year of age. All requests must be submitted and signed by a parent or legal guardian. All requests are subject to final approval. **NEYT RECOMMENDS THAT PLAYERS DO NOT REGISTER TO A TEAM WHOSE AGE GROUP EXCEEDS THE PLAYER'S NORMAL AGE.** It is NEYT's policy that all players compete at a level they are capable of both physically and developmentally. Therefore, all requests for a player to move up one normal age group would be reviewed and authorized by NEYT. NEYT reserves the right to deny any requests at its discretion. NEYT reserves the right to rescind any approved requests, if we believe that it is unsafe for the child to continue playing at the modified capacity or if it becomes an issue of concern to the head coach of the team. Please note the following:

**WE DO NOT RECOMMEND THAT CHILDREN PLAY UP ABOVE THEIR NEYT AGE GROUP.**

Player's Name: \_\_\_\_\_, Player Date of Birth: \_\_\_\_\_.

Normal NEYT Age Group: \_\_\_\_\_, Requested Age Group: \_\_\_\_\_

Team / Organization: \_\_\_\_\_

**LIABILITY RELEASE:** I, the parent/guardian of the above minor child, hereby request my child to play football in an age group older than that recommended and dictated by the New England Youth Tackle Football Inc. I am aware that my child will be playing against older, more physically developed players with potentially higher level of football skills, and therefore I recognize the added risks to my child's health and safety, as well as my child's emotional wellbeing. In signing below, I accept these risks as my own, and accept all and every liability and responsibility stemming from such risks as my own. Further, I waive any responsibility that New England Youth Tackle Football Inc. may have from this decision. I also acknowledge that I am making this decision on my own initiative, and have not been requested to do so by any NEYT coach or member.

**INFORMED CONSENT:** I, the parent/guardian of the registrant, agree that we will abide by the rules of NEYT and all its affiliated organizations. My/our child wishes to participate in football during the season of this registration. I/we realize risks are involved in my/our child's participation. I/we understand that the risk to my/our child includes full range of injuries from minor to severe, and the result could be death, paralysis, or other serious, permanent disability. I/we accept this risk as a condition of my/our child's participation.

Parent/Guardian Name: (Print) \_\_\_\_\_.

Phone: \_\_\_\_\_, Email: \_\_\_\_\_.

Parent/Guardian Signature \_\_\_\_\_, Date \_\_\_\_\_.

---

Team General Manager Name: \_\_\_\_\_, Request Accepted: Yes  No

Team General Manager (Signature) \_\_\_\_\_, Date: \_\_\_\_\_.

---