POST FALLS SOCCER CLUB

PUBLISHING RELEASE

During the year coaches and other parents may take pictures of your child during games and practices. The club would like to post these pictures and your child's name on our club's website. Please check the appropriate box to indicate whether the club has your permission to post or publish your child's picture.

The club has my permission to publish my child's name:

__ In the newspaper __ On our website __ Neither

The club has my permission to publish my child's photo:

__ In the newspaper __ On our website __ Neither

Players name _____

Parent/Guardian's signature _____

IYSA PLAY-UP RELEASE

I, the parent/guardian of the registrant, am aware that my younger player will be playing against older, usually more physically developed players whose soccer skills may be more advanced and whose play may be more physical.

As a parent/guardian, I give permission for my child _____ **DOB** _____ to be evaluated and to play-up in the older age group **U**_____ for the soccer season of _____, in the Northwest and/or District 6 league.

In granting my permission, I release the above-mentioned soccer organizations from all responsibility should my child be injured, no matter how seriously, while training, practicing, traveling, and playing with the Post Falls Soccer Club, and will not hold the State, Coach, Idaho Youth Soccer Association or its affiliates, or the Post Falls Soccer Club liable for any injuries that might occur.

I have considered my child's maturity, size, coordination, muscular development, attitude and social development in comparison to the members of the older team.

_____
Signature of Parent/Guardian

_____
Signature of Team Coach

_____
State Coach / Approval date