

**Waiver / Permission to participate on advanced age group team**

I \_\_\_\_\_ do hereby grant permission for my child,  
\_\_\_\_\_, to participate on an older age group team. I

understand that the participants are older, and the weight is increased, and I accept the responsibility of  
the possibility of injury. I also understand that once my participant is rostered and the season has begun,  
he / she will not be eligible to return to the younger team.

I will not hold Madison County Youth League Football and Cheer responsible for any injuries that may  
occur due to this sport.

Player Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent / Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_