



**TOPSOCCER**



**Massachusetts Youth Soccer Association – TOPSoccer  
Request for Waiver to Complete SafeSport Training**

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_, a member of a Massachusetts Youth Soccer TOPSoccer special needs soccer program, and with a birthdate of \_\_\_\_\_.

I understand that US Soccer’s SafeSport Program requires that, to comply with federal law and the requirements of the U.S. Center for SafeSport, all players eighteen (18) years of age or older on or before December 31 of that playing season, and that play on a team in a classification that allows minor age players, must complete SafeSport Training before being added to such team and prior to participation.

As the parent or legal guardian of the player identified above, I certify that my child has one or more cognitive disabilities and is either unable to complete or unable to understand the SafeSport Training, or that it is not appropriate for him or her. As such, I submit this request in accordance with Massachusetts Youth Soccer for the player identified above to receive a waiver from the requirement that he or she complete SafeSport Training as a condition of participation in soccer programs that may also have minor age players.

This form shall be electronically signed or signed by hand, scanned (as needed), and returned to:

Mass Youth Soccer Member Organization: \_\_\_\_\_

Mass Youth Soccer Member Organization Email: \_\_\_\_\_

General Description of Disability: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

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