



PARENT/GUARDIAN ACKNOWLEDGEMENT
OF PELHAM TRAVEL SOCCER CLUB'S RETURN TO PLAY RULES,
THE WYSL'S COVID-19 GUIDELINES AND THE WYSL'S FIELD MAP RULES

By signing below, I acknowledge and agree to the following:

- I have reviewed, understand and agree to follow Pelham Travel Soccer Club's Return to Play Rules, including the Covid-19 Reporting Requirements; AND
- I have reviewed, understand and agree to follow the WYSL's Covid-19 Guidelines and Field Map Rules; AND
- I have reviewed and discussed with my child Pelham Travel Soccer Club's Return to Play Rules, the WYSL's Covid-19 Guidelines, and Field Map Rules.

Signature of Parent or Guardian: _____

Name of Parent or Guardian: _____

Date: _____

Name of Player: _____

Player's Fall 2020 Team: _____