



Cowlitz Youth Soccer Association

REQUEST TO PLAY UP



Name of Player: _____ Players D.O.B: _____

Appropriate Age Division: _____ Age Division Requested: _____

This form is for players requesting to play up more than one year above the appropriate age division. CYSA allows players to play up one year without prior approval, however on-line registration will require additional assistance when registering a player outside of the set age bracket (please contact your registrar for additional information.)

The CYSA Registrar Committee will review your request. This is not a guarantee of placement. It is suggested to use the backside of this form to provide a coach's recommendation for additional verification of this request. A registrar will contact you once a decision has been made.

Reason for request:

Parent/Guardian: As Legal Parent/Guardian of player named above, I understand that by signing this form, I am authorizing the request to have my child play up. By signing this request form I recognize and accept the potential risks (including but not limited to) my child playing on a larger field with a larger team and larger, possibly more developed players. Parent assumes any and all risk to the child specified.

Signature of Parent/Guardian

Print Name of Parent/Guardian

Date

Phone Number (required)

E-mail address (optional)