

RIVER CITY YOUTH SOCCER LEAGUE

Request to Play Above Age Group or "Play UP"

Player: _____ Gender (circle): B G DOB: _____ Child's Age Grp: U- _____
(Print Name)

Address: _____ City: _____ Zip: _____

Phone Number: _____ Email: _____

I request the child listed above to

_____ A. Play Up to an older age group. The older Team's age group is U- _____.

_____ I understand that, **IF my request is approved**, my child will be competing
(initial) against older, more mature, and possibly, larger players.

_____ I recognize that, **IF my request is approved**, my child may have reduced
(initial) playing time because of developmental differences.

_____ I accept any risks in this situation and give my child permission to play
(initial) with older players **IF my request is approved**.

Detailed justification for this request:

_____ I understand that this request will be considered based on space available on the team, age group of team
(initial) & players on the team, needs of the Club & justification of the request.

_____ I understand that this request must be coordinated and approved by all required persons, and that I will be
(initial) notified of the outcome of this request either approved or denied. If denied, a reason shall be provided.

_____ I understand that, if approved, this request shall remain in effect for the remainder of the current season
(initial) only. It will not be carried to the next season. It is not revocable by me after my child is placed on a team.

If your request is denied, do you still want to play for this Club? Yes _____ No _____ **Please initial.**

Parent/Guardian: (Signature) _____ Date: _____

(Printed) _____ Phone: _____

Address _____