

# BAY AREA YOUTH SOCCER ASSOCIATION REQUEST TO PLAY UP

(this form is needed for U14 and below only)

FALL      SPRING      2 \_\_\_\_\_

Play up requests require the approval of the local member club. Each parent/guardian, coach and player should be absolutely sure that the player concerned is ready both physically and emotionally to play with other players who may be as much as two years his/her senior. Permission to play on an older age team shall expire at the end of each seasonal year and must be resubmitted for consideration each new seasonal year.

## PLAYER INFORMATION

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Reason for requesting to play up: \_\_\_\_\_

---

## TEAM INFORMATION

Club: \_\_\_\_\_ Team Name: \_\_\_\_\_ Team number: \_\_\_\_\_

Age: U \_\_\_\_\_ Circle: Boys      Girls

Coaches Name: \_\_\_\_\_ Coaches phone: (\_\_\_\_) \_\_\_\_\_

---

## APPROVAL INFORMATION: (for local club use only)

Received: \_\_\_\_\_ Circle: Approved      Denied

Club President Signature: \_\_\_\_\_ Date: \_\_\_\_\_