

WEST BRAZOS SOCCER CLUB

P.O. Box 1724, Brazoria, TX 77422

PLAY UP REQUEST FORM

Players Name: _____ Players Date of Birth: _____

Years of Experience (Playing soccer): _____

Age group played last year: _____ Age group requesting to play: _____

Name of team played on last year: _____ Coaches name: _____

Reason for requesting your child to play up (must put a reason): _____

Requests will be determined using the following guidelines:

1. Area (geographical location)
2. Roster size
3. Age of player
4. Years of play (at least 2 years experience)
5. Date of birth

As the parent of the above named player, I hereby give consent for West Brazos Soccer Club to determine which age group is best for my child. I realize that playing with an older age group may result in my child playing with older children who are physically stronger and faster, and that the potential for injury may increase. I also understand that this is not a guarantee that my child will play up. It is a review to see if my child is eligible to play up.

Printed name: _____ Date: _____

(Parent or legal guardian)

Signature: _____

(Parent or legal guardian)