



## LEAYSA – SOCCER "Play Up" Request Form

**Playing Year:** \_\_\_\_\_ **Season:** \_\_\_\_\_

PLAYER INFORMATION - Please complete ALL blanks

Players Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ ☐ Male ☐ Female

**As the parent or legal guardian of the above named player, I hereby give consent and request that he/she be allowed to "play up" one soccer year and to be placed on a team in the Under \_\_\_\_\_ age division.**

**Reason for request:**

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Printed Name: \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### ASSOCIATION USE ONLY

Age Division: \_\_\_\_\_ Playing Division: \_\_\_\_\_

Last Team: \_\_\_\_\_ New Team (if app.): \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Approved: ☐ Yes ☐ No