

# New Lebanon Soccer Club

## Request for Playing-up in Age Form

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Requesting coach: \_\_\_\_\_ Date of request: \_\_\_\_\_

Coaches Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Team: \_\_\_\_\_ Reason for request: [  ] To play with classmates [  ] To help fill roster [  ] Advance player

Will you have to cut a player to add this player to your roster? [  ] Yes [  ] No

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Name of player: \_\_\_\_\_ Date of birth: \_\_\_\_\_

School player is attending: \_\_\_\_\_ Grade player is in: \_\_\_\_\_

Playing experiences: \_\_\_\_\_  
League Club Team/Age Group

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Names of other coaches and teams who will be affected by playing-up:

Name, phone number and team: \_\_\_\_\_

Does affected coach waive need to have player attend his/her tryout? [  ] Yes [  ] No (If no, please provide reason.)

Does affected coach see a problem with this player play-up? [  ] Yes [  ] No (If yes, please provide reason.)

Signature: \_\_\_\_\_  
.....

Name, phone number and team: \_\_\_\_\_

Does affected coach waive need to have player attend his/her tryout? [  ] Yes [  ] No (If no, please provide reason.)

Does affected coach see a problem with this player play-up? [  ] Yes [  ] No (If yes, please provide reason.)

Signature: \_\_\_\_\_  
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Parents or legal guardian

I/we are requesting that my son/daughter be given the opportunity to play-up in age for the reason stated above. I/we understand that \_\_\_\_\_ will be playing on a team with players **and** against players from other teams who may be physically stronger and bigger than he/she. I/we are aware of the physical injury associated with soccer and with playing against players who are or may be physically stronger and bigger. I/we are also aware that playing-up in age will not necessary benefit our son/daughter in developing their overall soccer skills.

\_\_\_\_\_  
Print Name(s)

\_\_\_\_\_  
Signatures of parents or legal guardians Date

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### **For Club use only**

By allowing this player to play-up will a younger team's ability to register as a travel team be impacted? [  ] Yes [  ] No

Have any affected coaches answered Yes to seeing a problem with this player playing up? [  ] Yes [  ] No

**If the answer is Yes to either of the two questions above, then request must be presented to the Board for their approval.**

This form has been reviewed by the Club Registrar and the following action was taken: [  ] No future action is needed –

approved on Date \_\_\_\_\_; [  ] referred to Board for approval, date submitted \_\_\_\_\_, Board Approved on

\_\_\_\_\_, Board disapproved on \_\_\_\_\_ Signature of Registrar \_\_\_\_\_