

Cochise County Junior Soccer League
 Sierra Vista Soccer Club
 PO Box 757
 Sierra Vista, AZ 85636

Play-Up Request Form

United States Youth Soccer (USYS), Arizona Youth Soccer Association (AYSA), Cochise County Junior Soccer League (CCJSL), and Sierra Vista Soccer Club (SVSC) require a written request from a parent/guardian for any soccer player to play up in an older age group than the age group determined by USYS policy. This request must be approved by the SVSC board prior to the placement of the player on the older age group team.

Last Name _____	First Name _____	MI _____	Player name must match birth certificate or proof of age document (i.e., Christopher not Chris, Jennifer not Jenny).					
Address _____			City _____					
State _____	Zip Code _____	Area Code _____	Telephone Number _____	Month _____	Day _____	Year _____	Male = M Female = F	Email address _____

I, the parent/guardian of the above-named player request that my son/daughter play up an age group on an older team. I realize that playing in an older age group will result in my child playing against older, usually more physically developed players whose soccer skills are more advanced and whose play may be more physical. Also, older children typically possess higher thinking skills and improved motor skills, which allow them to learn how to play more quickly.

Each parent/guardian should be absolutely sure that the player concerned is ready both physically and emotionally to play with players who may be as much as two years his/her senior. Before making this request please consider your child's maturity, size, coordination, muscular development, attitude and social development in comparison to other potential members of the older team. Consider also your child will miss the enjoyment of playing with classmates and growing up in the sport together both personally and as a team over the course of years. Permission to play on an older team shall expire at the end of each seasonal year and must be resubmitted for consideration each new seasonal year.

Name _____ <small>Print Name of Parent/Guardian</small>	Player _____ <small>Print Name of Player</small>
Signature _____ Date _____	Signature _____ Date _____
Current Age Division _____	Requested Age Division _____

Reason for request to play with an older team: _____

<u>CLUB/LEAGUE OFFICIAL USE ONLY</u>		
Date Received _____	Approved _____	Disapproved _____
Club President Signature _____		Date _____