



Older Team Player Request

Player Name _____ Last Name _____ MI _____

Birth Date _____ Years playing soccer _____

Reason for the request _____

Current age division _____

I request that my son/daughter play on an older team. I realize that playing in 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. Also, older children typically possess higher thinking skills and improved motor skills, which allows them to learn how to play more quickly.

Parent Name and Signature _____ Date _____

Coach Name and Signature _____ Date _____

Office Use Only

Approved by

Registrar Signature _____ Date _____

Safety Director Signature _____ Date _____

President/CEO Signature _____ Date _____