

For Club/ League Use Only: Club # ___ Team # ___ Age Grp/Gender U ___ CYSA ID# 0606 _____

RIVER CITY YOUTH SOCCER LEAGUE
Special Request Form

Player: _____ Gender (circle): B G DOB: _____ Age Grp: U- _____

Print Name

Address: _____ City: _____ Zip: _____

Phone Number: _____ Email: _____

I request the child listed above to

___ A. Play Up to an older age group The older age group is U- ___

Child's Actual age group: U- ___.

_____ I understand that, **IF my request is approved**, my child will be competing
(initial) against older, more mature, and, possibly, larger players.

_____ I recognize that my child may have reduced playing time because of
(initial) developmental differences.

_____ I accept any risks in this situation and give my child permission to play with
(initial) older players.

___ B. Be placed on a team coached by (specify coach) _____

___ C. Be placed on a team with my friend _____

Detailed justification for this request:

_____ I understand that this request will be considered based on space available on the team, age group
(initial) of team & players on the team, needs of the Club, & justification of the request.

_____ I understand that this request must be coordinated and approved by all required persons, and that
(initial) I will be notified of the outcome of this request either approved or denied. If denied, a reason shall be provided.

_____ I understand that, if approved, this request shall remain in effect for the remainder of the current
(initial) season only. It will not be carried to the next season. It is not revocable by me after my child is placed on a team

Parent/Guardian: (Signature) _____ Date: _____

(Printed) _____ Phone: _____

Address _____
