



Play-Up Request Form

Capital Soccer Association, Inc.

Player Information

Name: _____

Date of Birth: _____

Age on July 31 (current year): _____

Age Division Requested (check one): U6 U7 U8 U10 U12 U14

Reason(s) for play-up request (check all that apply):

- Birthday close to cut-off date (July 31st).
- Sibling plays in next division up. Name of sibling: _____
- Advanced or physically strong player. Name of last coach: _____
- Other. Please explain: _____

Parent/Guardian Permission

I, the parent/guardian of the player listed above, request that he/she be allowed to play in the age division indicated. I hereby release CSA, FYSA, USYSA, their affiliated organizations, and all persons, officers, coaches, and officials, including the owners of fields and facilities used for the program, from any and all liability of every nature, kind and description as a result of any injuries, hurt or damage sustained as a result of his/her participation in this soccer program. I, the undersigned, verify that the information on this play-up request form is accurate and complete.

Parent/Guardian's Signature: _____ Date: _____

For Official Use Only

CSA Board Decision: Approved Denied

Authorizing Signature: _____ Date: _____