

# CORNING UNITED SOCCER CLUB

## Petition to Play Up One Age Group

Players wishing to play up an age level must complete this form. Approvals will be at the discretion of the Board of Directors based on criteria set forth by the Board of Directors.

Player's Name: \_\_\_\_\_ New player \_\_\_\_\_ Returning \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Player Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Age Level according to Birth Date: \_\_\_\_\_ Age Level you are requesting: \_\_\_\_\_

Last season's Coach: \_\_\_\_\_

Please list the reasons for your request to play up on an older team: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Player's signature: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

Coach Comments: \_\_\_\_\_

Sending Coach Signature: \_\_\_\_\_

Receiving Coach Signature: \_\_\_\_\_

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Administrative Use Only

Approved: \_\_\_\_\_ Not approved: \_\_\_\_\_ Date: \_\_\_\_\_