



## Lake Cites Soccer Association Player Request to “Play-up”

**Player Information – Complete all blanks**

Player’s Last Name: \_\_\_\_\_ Player’s First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Male  Female

**As the parent or legal guardian of the above named player, I hereby request and give consent that he/she be allowed to “play up” one age group and to be placed on a team in the Under \_\_\_\_\_ age division.**

**Reason for request:**

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**Printed name of Parent or Legal Guardian:** \_\_\_\_\_

**Signature of Parent or Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

LCSA Use Only

Age Division: \_\_\_\_\_

Team: \_\_\_\_\_

Approved: Yes  Date Received: \_\_\_\_\_

No