Ballston SPA Soccer Club Playup Request

Player Name: _____ Parent Name _____

Address: _____ Birth Date: _____

Town: _____ ZIP Code: _____ Sex: _____

Telephone: _____ email: _____

Age Group Requesting to Playup in: _____

Use the space below to submit a hand written request stating reasons for the playup:

_____

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Playup requests require the approval of the BSSC Coaching Committee. Each request will be considered on its own merits and shall not be considered a precedent for any future actions. Each coach, player & parent/guardian should be absolutely sure that the player concerned is ready both physically and emotionally to play with other players who may be as much as two years his/her senior. Permission to play on an older age team shall expire at the end of each seasonal year and must be resubmitted for consideration each new seasonal year.

Parent Signature: _____ Date: _____

Player Signature: _____ Date: _____

Playup Requests must be received by the application deadline and will not be accepted at the tryouts.

Please Mail to: **Coaching Committee**
Ballston Spa Soccer Club
PO Box 2242
Ballston Spa, NY 12020