



# PLAY-UP REQUEST FORM

The SOUTHWEST MICHIGAN SELECT SOCCER CLUB (SWMSSC) requires permission from a parent/guardian for any soccer player to “play-up” in an older age group as governed by their birth year.

Please PRINT the following information:

PLAYER NAME \_\_\_\_\_

D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ BOY/GIRL \_\_\_\_\_

PARENT(S) NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

AGE-APPROPRIATE GROUP \_\_\_\_\_ AGE GROUP REQUESTED \_\_\_\_\_

Reason for this request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby request my child to play soccer for SWMSSC in an age group not recommended by state and club guidelines. I am aware that my child will be playing against older, more physically developed players which may pose additional risk to my child’s health and safety. I have considered my child’s physical, psychological, and social development as compared to the older team.

\_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

BELOW TO BE COMPLETED BY SWMSSC BOARD AND COACHES ONLY

**Signatures required for an honored request:**

SWMSSC BOARD PRESIDENT \_\_\_\_\_

SWMSSC COACHING COMMITTEE \_\_\_\_\_

SWMSSC AGE-APPROPRIATE COACH \_\_\_\_\_

This request must be approved by the SWMSSC Board President, Coaching Committee member, and the age-appropriate coach.  
View the SWMSSC Play-Up Policy at [www.swmselect.com](http://www.swmselect.com)