

**GALVESTON COUNTY YOUTH SOOCER PLAY UP REQUEST FORM**

AGE GROUP WISHES TO PLAY IN: CIRCLE U6/ U8, U9/U10, U11, U12, U13, U14, U15,  
U16, U17 THRU U19 TEAM NAME: COACH:

Players Name: \_\_\_\_\_ Age \_\_\_\_\_ Male/Female

Address \_\_\_\_\_ City: \_\_\_\_\_ TX Zip \_\_\_\_\_

Father's name: \_\_\_\_\_ Mother's name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ TX Zip \_\_\_\_\_

State briefly, why you, as the parent/guardian are requesting your child to play up on the requested team

Parents name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ TX Zip \_\_\_\_\_

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

.....  
*To be completed by the applying BAYSA club:*

Club President's signature: \_\_\_\_\_

Date: \_\_\_\_\_ Ruling by club board: \_\_\_\_\_ approved  
\_\_\_\_\_ denied

Parents requesting play up: Submit to your local club president

**BY SUBMITTING THIS FORM IS NO GURANTEE YOUR CHILD WILL BE ALLOWED TO PLAY UP. THE BOARD HAS TO LOOK AT EVERYTHING BEFORE APPROVING/DENIED ALL PLAY UP REQUEST**  
.....