



# PALMDALE YOUTH SOCCER LEAGUE

## PARENT REQUEST FOR PLAYER TO PLAY UP DIVISION

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### PLAYER INFORMATION

Player Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Division: \_\_\_\_\_  
Requesting Division: \_\_\_\_\_

### PARENT / GUARDIAN INFORMATION

Parent / Guardian Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Reason for request: \_\_\_\_\_

### PARENT ACKNOWLEDGMENT & REQUEST

I, the undersigned parent/guardian, am requesting that my child be considered to play in an older division for the 26-27 upcoming season. I understand that playing in an older age group may involve increased levels of physical play, competition, and skill expectations.

I acknowledge and agree to the following:

- The league and board reserve the right to approve or deny this request based on player safety, roster availability, and league rules.
- Approval is not guaranteed.
- I understand that once approved, the player may not be eligible to return to their original division during the season unless approved by the league board.
- I accept all risks associated with my child participating in an older division.

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Parent/Guardian Signature

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Date

### LEAGUE USE ONLY:

Board Approval:       Approved       Denied

Division Approved: \_\_\_\_\_

Board Member: \_\_\_\_\_

Date: \_\_\_\_\_