



HIGHLANDER SOCCER CLUB

P.O. Box 594, Claysville, Pennsylvania 15323
admin@highlandersoccerclub.com



Player Request to Play Up within HSC

Gender: M ___ F ___ Current Age Group: _____ Request to play _____

Player Name: _____

Player D.O.B. _____

Club Team: _____

Position: _____

Playing Experience/Tactical and Technical Skills:

Parent contact: _____ Mobile: (____) _____

Home: (____) _____ Email: _____

Registrar and Evaluator: _____ License: _____

State of Pennsylvania, County of _____

Signed and sworn to (or affirmed) before me on _____ by _____
Date

_____, who proved to me on the basis of satisfactory evidence to be the
(Printed name(s) of individual(s) making statement)
person(s) who appeared before me. ___ Personally Known OR ___ Produced Identification

Type of ID: _____

Signature of notary public: _____
(Name of notary, typed, stamped or printed)

Notary Public State of Pennsylvania Stamp/Seal

My commission expires: _____

*The return of this form does not ensure any placement or spot on an HSC roster. It is for the use of evaluations of the player. No more than 2 year play up may be requested as per PA-West rules. This must be presented to HSC President to present to the Board of Directors.