



WILLIAMSON COUNTY SOCCER ASSOCIATION  
PARENTAL PERMISSION TO PLAY UP

Player's Name (please print): \_\_\_\_\_

Player's Date of Birth: \_\_\_\_\_

I am requesting that my child be allowed to play up one age division.

I understand that some age divisions are multi-year brackets, and he/she may be playing with children that are 2-3 years older.

I understand that my child cannot play back down to his/her true age division until the next Fall outdoor soccer season.

Signature of Parent or Guardian: \_\_\_\_\_

Name of Parent or Guardian (please print) \_\_\_\_\_

Season \_\_\_\_\_ Year \_\_\_\_\_

WCSA Use Only \_\_\_\_\_