



WILLIAMSON COUNTY SOCCER ASSOCIATION
PARENTAL PERMISSION TO PLAY UP

Please email this form to: playup@williamsoncountysoccer.com

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 _____