



KYSL Play Down Policy and Request Form

KYSL's key point is "Kids First." KYSL encourages and promotes knowledge of the game, teamwork, sportsmanship, and physical activity.

CalNorth General Procedure Section 3:03:02 that all leagues.... "shall divide play among teams of equal age groupings." KYSL acknowledges a need for players to "play down" from their official league age division for bonefide reasons such as mental or physical developmental disabilities or other various special needs. Such a needs will be requested in writing and be determined on a case-by-case basis.

The procedure to request a "play down" is as follows:

1. Complete the KYSL Play Down Policy and Request Form in its entirety
2. Submit the request form to the KYSL Board by June 1st for the coming season
3. The KYSL Board will consider and discuss each request in Closed Session. However, the parent or guardian will have the ability to address the Board before discussion
4. The physician's statement will be taken under consideration, but will not determine the Board decision
5. The KYSL Board will render the decision in writing to the applicant by August 1st for the coming season

Parent Name: _____
 Parent Address: _____
 Parent Phone#: _____

Player Name: _____
 Player DOB: _____

I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYS, CYSA, and KYSL parties, the owners and operators or the facilities used for the programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or cause of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any Program, which transportation is hereby authorized.

I understand that all requests must be considered by the KYSL Board of Directors, and in compliance with the KYSL Play Down Policy. I further affirm that I have read and understand the Play Down Policy and Request Form in its entirety. I am aware that requesting my child to play in a younger age division could lead to a greater risk of injury to my child and/or other players.

Parent Signature

Date

For Physician Use Only

Physician Name: _____
 Physician Phone#: _____

Player's Weight: _____
 Player's Height: _____

Brief Description: _____

Physician's Signature: _____

Date: _____

Official League Use Only

Season: _____

Actual League Age: _____
 "Play Down" league age: _____

Approved:
 Denied:

KYSL Board President

Date