



KYSL Play Up 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 states that all leagues.... *"shall divide play among teams of equal age groupings."* KYSL acknowledges a want for players to "play up" from their official league age division for reasons such as physical stature, increased player knowlege/experience, grouping siblings, etc. Such a want will be requested in writing and be determined on a case-by-case basis.

A player may only play up 1 age division from their official league age division(i.e. the player should be U10, he /she could play up to U12 only). If it is determined that "playing up" is actually not a good fit, the player can be moved back into his/her appropriate league age division BEFORE games begin.

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

1. Complete the KYSL Play Up Policy and Request Form in its entirety
2. Submit the request form to the KYSL Area Rep by June 1st for the coming season
3. The KYSL Area Rep will consider and discuss each request.
4. Each request will be approved or denied in writing to the parent using this form.
5. Any requests to move the player back to his/her appropriate league age division must be made in writing to the KYSL Area Rep BEFORE games begin.

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 Area Rep, and in compliance with the KYSL Play Up Policy. I further affirm that I have read and understand the Play Up Policy and Request Form in its entirety. I am aware that requesting my child to play in an older age division could lead to a greater risk of injury to my child and/or other players.

Parent Signature

Date

Official League Use Only

Season: _____

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

Approved:
 Denied:

KYSL Area Rep

Date