

Henry County Soccer Association Play-Up Request Form

The practice of playing up out of one's proper age group is highly discouraged by HCSA. We are steadfast in our belief that it is important for children to learn and grow with their same aged peers while participating in soccer. Having said that, HCSA will not accept the responsibility for injury or worse to a child if the parent insist on "playing up" at a maximum of one year out of their child's proper age group; however, in the **RECREATIONAL** program side of play only, **ALL** play up requests (Official Form Only - See Page 2) must be submitted every season in writing and be notarized during open registration. Open registration is typically in January and July, check the website for specific dates <http://hcsa.org/Registration/tabid/1041/Default.aspx>.

By making this request, the parents are assuming all risks and hazard incidents to their child's participation. Henry County Soccer Association, Henry County Board of Commissioners, and Henry County Parks & Recreation Department will not be held liable for any injury that may result from the decision to play out of the child's proper age group

There will be no exceptions to this policy. This will be judged on a case by case basis and the Coaching Committee has final say on this matter and you must respect and honor that decision. The Coaching Committee has the right to remove the child from a team at anytime during the season, if they feel the child should not be in the older age bracket and place them on a team in their respective age group to ensure their safety and development.

Thanks,

HCSA Board of Directors

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For approval, a player must clearly demonstrate above average skills. Requests to play up based solely on convenience (i.e. carpooling, playing with friends) will **NOT** be considered.

Current Player Information (needed to process evaluation)

Current Age Group: (circle) U5 U6 U7 U8 U9 U10 U12 U14 U16 Boys Team Girls Team
 Player Name: _____ Date of Birth _____
 Team Name: _____ School _____ Grade _____
 Coach: _____ Coach Email _____ Phone _____
 Parent/Guardian Name _____ Email _____
 Address _____ Phone _____

Requested Age Group: (Circle) U6 U7 U9 U10 U12 U14 U16 U19

The following sections to be completed by Henry County Soccer Administration

Player Evaluation Information

Comments:

Evaluator Signature _____ Date _____

Coaching Committee Recommendation

Comments:

Approve Disapprove (Circle)

Committee Chairperson Signature _____ Date: _____

Approved Play Up Decision

Executive Board of Directors Comments:

Registrar Recommendation Approve Disapprove (circle)

Registrar Signature _____ Date _____