



Code: \_\_\_\_\_

## RELEASE TO PLAY UP FORM

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ TX Zip \_\_\_\_\_

HOME PHONE \_\_\_\_\_

MALE      FEMALE (CIRCLE ONE)      DATE OF BIRTH \_\_\_\_\_

### RELEASE TO PLAY UP

**DO NOT Complete this section unless your child is NOT playing in his /her own age group.**

My Son/Daughter HAS MY PERMISSION TO PLAY UP IN THE UNDER \_\_\_\_\_ AGE GROUP FOR THE 20\_\_ Texas Select Youth Football League Inc. Season.

(PLAYERS MAY ONLY PLAY UP ONE AGE GROUP)

PARENT/GUARDIAN SIGNATURE/date \_\_\_\_\_

PARENT/GUARDIAN name printed \_\_\_\_\_

TSYFL Approval \_\_\_\_\_