



Ajax Soccer Outdoor Play Together Request Form

When registering a player for our Recreational Program, a parent/guardian may request that their child be placed on a team with another child.

Failure to comply with the request conditions listed below may result in your request not being granted.

1. The request **must be reciprocated**. This means both players' information and parent guardian signature must be on this Play Together Request Form. Unreciprocated requests will not be accepted.
2. All requests must be made on or before the posted deadline*, and both registrations must be paid in full.
3. Requests can be dropped off in the office during office hours, e-mailed to rita@ajaxfc.ca

Registration with the Ajax Soccer must not be dependent on the Play Together Request being granted.

Please note: While the club will make every effort to accommodate each request, the focus of team building is to balance teams, and so we cannot guarantee that each play together request will be granted.

***Play Together Deadline: April 7th of every year ***

Player 1	Player 2
Name: _____	Name: _____
Gender: _____	Gender: _____
Year of Birth: _____	Year of Birth: _____
As the parent (guardian) of PLAYER 1 I would like to request that PLAYER 1 be placed on the same team as PLAYER 2 . I agree to the conditions noted above and understand that this request is not guaranteed. I confirm that the registration for PLAYER 1 is not dependant on this request being granted. As the parent (guardian) of PLAYER 1	As the parent (guardian) of PLAYER 2 I would like to request that PLAYER 2 be placed on the same team as PLAYER 1 . I agree to the conditions noted above and understand that this request is not guaranteed. I confirm the registration for PLAYER 2 is not dependant on this request being granted. As the parent (guardian) of PLAYER 2
Parent (Guardian) Name _____	Parent (Guardian) Name _____
Parent (Guardian) Signature _____	Parent (Guardian) Signature _____
Date _____	Date _____

Office Use Only:

Received: _____ Date: _____

Reviewed By: _____ Date: _____ Granted: Yes: _____ No: _____