

**Midland Soccer Association
Request to Play Up Form**

Player's Name: _____ Boy or Girl: _____
Player's Birth Year: _____ Play Up: Yes or No
Neighborhood **MISD** school: _____
Parent's Full Name (s): _____
Parent's Cell Number (s): _____

4.2.2 *The age used to determine a player's division will be his/her birthdate. Teams will be comprised of those birthdates which fall from January 1 to December 31 of the same year, unless that player has completed the required MSA paperwork to request to "play up" in the next age group, and such request has been granted by the appropriate Vice-Commissioner. **Players in the 4U age division cannot "play up" in a recreational team. Player may only "play up" by one (1) age division and may never play down an age group.***

Request to "play up" to which age group/division: _____
Reason for Play Up Request: _____

Office Use Only: Request Approved ____ Denied ____

Current Age Group Commissioner Approval and Signature: _____
Requested Age Group Commissioner Approval and Signature: _____

Return Form To:
MSA, 3500 North A Street, Suite 1600 (Inside Midland Shared Spaces building)
Fax to 432-818-1291
Email to midlandsoccerassociation@gmail.com

May 31, 2018