

## LITTLE ROCK FUTBOL CLUB

### Play Up Request Form For Classic Players

**Please Print!** This form is to be completed by the parents/guardians. Submit this form at the tryout registration.

<b>Player Information</b>	
Player Name:	Gender                      M/F
Date of Birth (yyy – mmm- dd):	Phone (H):
Home E-mail:	

<b>Parent/Guardian Information</b>	
Parent 1 Name:	Parent 2 Name:

<b>Reason for Request</b>	
Natural age group:	Requested age group:

<b>Previous Year's Playing Experience</b>	
Team:	Coach name:

<b>Authorization</b>	
<div style="display: flex; justify-content: space-between;"> <span>_____</span> <span>_____</span> </div>	
Signature of player (if 18 years of age or older); or signature of player's parent/guardian	Date

<b><i>To be completed by Director of Coaching only</i></b>	
Permission to Play Up is                      Granted / Denied	
Approved by:	Date:
Comments:	