



RELEASE TO PLAY UP FORM

TEAM NAME _____ AGE BRACKET (CURRENT) _____

LAST NAME _____ FIRST NAME _____ MI _____

ADDRESS _____ CITY _____ TX Zip _____

HOME PHONE _____

MALE FEMALE (CIRCLE ONE) DATE OF BIRTH _____

LISD SCHOOL _____ GRADE _____

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 _____ SOCCER SEASON.
(FALL/SPRING - YEAR)**

(PLAYERS MAY ONLY PLAY UP ONE SOCCER AGE GROUP)

PARENT/GUARDIAN SIGNATURE/date _____

PARENT/GUARDIAN name printed _____

REGISTRAR'S SIGNATURE/date _____

Please fax or email the completed form to the Registrar @ 469-574-5816 or registrar@tcysa.net.