

CYSA Player Play Up Request

Section 1 - Player Information (To Be Filled out By Parent)

1. Player Name	2. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	3. Request Date	
4. Current Age Group U -	4a. Dual Age Group Year <input type="checkbox"/> 1 st Year <input type="checkbox"/> 2 nd Year	4b. Player Date Of Birth	
5. Play Up Age Group Requested U -	6. Season(s) Requested.: <input type="checkbox"/> Fall Comp <input type="checkbox"/> Fall Rec <input type="checkbox"/> Winter <input type="checkbox"/> Spring	7. Soccer Season (Year) 20 to 20	
8. Current Team & Coach	9. Team Season and Division	10. Current Team Jersey #	
11. Upcoming Home Game Schedule			
	Date	Time	Location (if Not Home)
Game 1			
Game 2			
Game 3			
12. Rationale for Request (Attach Additional Documentation, <i>Check Here if Additional Info Exists</i> <input type="checkbox"/>)			

Parent Signature: Acknowledging the Increased Risk of Injury Associated with Playing Up

Parent Name (Printed)	Signature
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Section 2 - Player Evaluation (To Be Filled out By CYSA Director of Competitive)

A. In Situ Evaluation			
Evaluator	Event Type & Date	Rating (0-5)	Comments
B. Tryout Results			
	Ranking / Total Number	Comments	
Birth Age Group			
Play Up Age Group			
C. Impact(s) Assessment To Club Teams			
Birth Age Group	Is there a team available? <input type="checkbox"/> YES <input type="checkbox"/> NO	Enough to Field A Team w/o Player? <input type="checkbox"/> YES <input type="checkbox"/> NO	Enough to Field A Team w/ 50% subs w/o Player? <input type="checkbox"/> YES <input type="checkbox"/> NO
Play Up Age Group	Are players going to be cut from team? <input type="checkbox"/> YES <input type="checkbox"/> NO	Enough to Field A Team w/o Player? <input type="checkbox"/> YES <input type="checkbox"/> NO	Enough to Field A Team w/ 50% subs w/o Player? <input type="checkbox"/> YES <input type="checkbox"/> NO

Instructions for Play Up Request Form

Section 1 (Parent Guardian Fills Out)

Boxes 1-3 Self Explanatory

Box 4 – The age group the player is currently playing in U10, U9 etc,

Box 4a - Dual age groups are they in the 1st year of that age group or second year, (i.e. an 8/9 year old could be 1st year U10, a 9/10 year old could be 2nd year).

Box 5 – Age group the player requests to play in.

Box 6 – Identify the seasons you would like the player to play up in.

Box 7 – Soccer season the play up applies to (i.e Season starts in Fall so Fall 2013 would be 2013 – 2014 Soccer Season)

Box 8 – Identify the current team and Coach that your child plays for.

Box 9 – Identify Team Season and Division they are playing in, i.e. 2013 Fall – White, 2012 Spring – Gold, etc

Box 10 – Jersey # - Used to identify your child during In Situ Assessments (Usually Competitive Jersey Number)

Box 11 – Write in the Home games remaining in your child's current season, allows assessments to be conducted.

Parental / Guardian Signature - Make Sure you print and sign this form.

Section 2 CYSA Fills Out)

Boxes A –In Situ Assessments during competitive, recreational, tryouts or practices. Ratings should use the following scale:

0 - Player should not play competitive

1 - Player is Below Average compared to CYSA peers. (Bottom 3rd)

2 - Player is Average compared to CYSA peers. (Middle 3rd)

3 - Player above average skill compared to CYSA peers (Top 3rd)

4 – Player is exceptional skill compared to CYSA peers (Top Player)

5 – Player Dominates all aspects of the game compared to all players during event.

Box B – Tryout Results, ranking is the placement of the player out of the total number of players that **showed up** for tryout

Box C – Impact on Club teams