

WYSA Age Waiver to Tryout with Classmates

I, _____ hereby request WYSA to grant consent
(Print Parent/Guardian's Name)
for _____ to tryout with classmates. My child's
(Print Child's Name)
birth date is _____. Based on this date, my child would be required
to tryout for a U9 / U10 / U11 / U12 / U13 travel team. My child will be in the
(Circle One)
_____ grade. I want to have my child try out for the
(Enter Fall School Grade)
U10 / U11 / U12 / U13 / U14 travel team with his classmates.
(Circle the older team)

I understand, my child may only tryout for one travel team. My child will not be eligible to play for or be selected by the younger team. In the event of not being selected for the older travel team, my child will not be eligible to play travel soccer for WYSA. If my child wishes to play soccer for WYSA the only option will be the Fall Recreational program.

_____ Date: _____
(Parent/Guardian Signature)

Windham Youth Soccer Use Only

Approved Yes / No

If Not Approved, Reason:

(WYSA Officer Signature)