

Watertown Youth Soccer Association

Player Petition Request

Player name: _____

Phone: _____ Birth Date: _____

Parent(s) name: _____

Player is currently in what age group? (Circle one)

U6 U7 U8 U10 U12 U14 U16 U19

We are petitioning for permission to play in the following age group

U6 U7 U8 U10 U12 U14 U16 U19

Reasons: _____

Coach approval: _____

For Board use:

Petition heard on: _____

Comments: _____

Board Decision: Petition is Approved Denied

Board Representative: _____