



Watertown Youth Soccer Association

1900 W. Kemp Ave.
Watertown, SD 57201

Player Petition Form

Complete the following form to have your player considered to play in an upper level of competition.

Player Name _____ **Birth Date** _____

Parent(s) Name _____

Current Age Group – *Circle One* - U6 U7 U8 U9 U10 U11 U12

Age Group Petitioning For – *Circle One* – U6 U7 U8 U9 U10 U11 U12

Reason for Petitioning

Coach Approval _____

For Board Review

Date Reviewed by Board _____

Board Decision – **Approved** **Denied**

Comments

Board Member _____