



PSJ Soccer Request Form for Change of Divisional Status

Note: You must be able to answer “Yes” to all the following questions. If you cannot, then the request will be denied.

1. The player must have previously played organized soccer within the last 12 months. Yes_____No_____
2. The player must agree not to request to be on a specific team unless it is to be with a sibling. All players moving up will be evenly and randomly distributed amongst all teams within the age group during the team draw.
Yes_____ No_____
3. The player must be normally eligible to play in the requested age group within 1 year. Yes_____ No_____
4. The requestor must agree that the Port St. John Soccer Board will have final say.
Yes_____ No_____

If you have answered “Yes” to all of the questions above, please complete items below. All information must be complete and legible. This form must be submitted to your child’s coach or a member of the PSJ Soccer Club’s Board of Directors 1 week prior to beginning of the current playing season.

Date of Request: _____

Child/Player Full Name: _____

Child/Player Date of Birth: _____

Name of Parent/Guardian: _____

Phone Number/e-mail: _____

Requesting to Play Up/Down from U_____ to U_____ Age Division

Please State Reason(s) For This Request: (Use Back if Additional Space is Needed)

Board Member Review Date: _____

Status of Request: _____

Board Member Signature: _____