Player Name: Parent Name: Address: Parent Name: Telephone: Email: Birth Date: Sex: Age Group Requesting to Playup in: Sex tating reasons for the playup:

Playup requests require the approval of the RYSA Board. Each request will be considered on its own merits and shall not be considered a precedent for any future actions. Each coach, player and parent/guardian should be absolutely sure that the player concerned is ready both physically and emotionally to play with other players who may be as much as two years his/her senior. Permission to play on an older age team shall expire at the end of each seasonal year and must be resubmitted for consideration each new seasonal year.

Parent Signature:	Date:
Player Signature:	Date:
Coach Signature:	Date:

Playup Requests must be made to RYSA Board. Please mail to:

RYSA P.O. Box 1504 Riverton, WY 82501