



Request Form To Play At Next Age Level

All requests forms to “Play Up” **must** be submitted along with the players tryout form. Verbal requests and/or late submissions will not be honored.

I/We the parent’s/guardian of _____ request the approval of the SYB Board of Directors, for my daughter to “play-up” for the upcoming softball season.

Please check the option that applies:

- 10 year old trying out for 12U
- 12 year old trying out for 14U
- 14 year old trying out for 16U

Player’s birth date: _____

Player’s Team/Age Group last year: _____

I (We), are fully aware that our player’s skills will be judged for team placement based on the age division we are applying for and against other players within the age division being requested. I (We) understand that all distances during tryouts will be based on the older level distances. I (We) understand that if my daughter does not make the team for the age group requested, they still may qualify to make a team in their age group.

Parent’s Name

Signature

Date

Parent’s Name

Signature

Date