



Oxford Soccer League

Play Up / Double Roster Request Form

Player Name: _____ Date of Birth: _____ MALE / FEMALE

Address: _____ Town: _____ ZIP: _____

Email: _____ Phone: _____

Parent/Guardian 1 Name: _____ Phone: _____

Parent/Guardian 2 Name: _____ Phone: _____

Please check the appropriate box below then sign and date at the bottom. Thank You!

Play Up Request

As the parent/guardian of the above named registrant, I hereby request that he/she be placed on a team at the next higher age-group than his/her natural age. I acknowledge and accept the risks of this request and provide my consent for the same. I understand that this request is subject to approval by a vote of the Oxford Soccer League Board of Directors and will be valid for one seasonal year (August-July) only. I agree to submit a new request for any future seasonal year, if circumstances warrant.

Double Roster Request

As the parent/guardian of the above named registrant, I hereby request that he/she be placed on a team at the next higher age-group than his/her natural age in addition to the team at the age-group of his/her natural age. I acknowledge and accept the risks of this request and provide my consent for the same. I understand that this request is subject to approval by a vote of the Oxford Soccer League Board of Directors and will be valid for one seasonal year (August-July) only. I agree to submit a new request for any future seasonal year, if circumstances warrant.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____