



MINNESOTA YOUTH SOCCER ASSOCIATION INC.

11577 Encore Circle
Minnetonka, Minnesota 55343
Phone (952) 933-2384 or (800) 366-6972 Fax (952) 933-2627
www.mnyouthsoccer.org



Recreation Playing Up Form

Name of Club: _____ requests permission for a play up pass(es).

Registrar Name: _____

Phone: _____ Email: _____

State the reason for the Play Up request in the space below:

Player's Name	Date of Birth	Parent's Name	Parent's Signature
			REQUIRED
			REQUIRED
			REQUIRED

I(We) the above signed parent(s) understand that my(our) child(ren) is(are) not registered to, or rostered on a competitive team. THIS IS NOT PERMISSION TO OVERROSTER! As such, a player holding a rec playing up pass may not replace an originally registered player for the purposes of post season play..

Your Recreation Program must be Affiliated with the MYSA

Play Up requested by: _____
Print Name and Title of Affiliate Member Official

Signature of Affiliate Member Official: _____ Date: _____

By signing this form you recognize that ALL MYSA league games and tournaments have a maximum number of players that can be dressed for each match. Please see the MYSA Policies and Rules Manual for specifics.

Please fax the completed form to the MYSA office