

FORT WAYNE, INDIANA



YOUTH SELECT SOCCER LEAGUE

# EXCEPTION REQUEST FORM

CURRENT COACH

COACH'S PHONE

CURRENT TEAM AGE

ZONE (CIRCLE ONE)

BLUE GREEN WHITE

## REQUESTED EXCEPTION

Play out of zone from \_\_\_\_\_ to \_\_\_\_\_       Play up in age bracket to: \_\_\_\_\_       Will miss tryout

Other (please explain)

Player's Name:

Date of Birth:

Address:

Phone:

Parent/Guardian:

Zone: BLUE GREEN WHITE

## PLEASE NOTE

All requests are confidential. Upon obtaining signatures from both coaches, this form will be reviewed by the FWYSSL Board of Directors. Exception is not valid without a Board member's signature and both coaches' signatures.

## REQUIRED SIGNATURES

Signature of Current Coach

Date

Relationship

CURRENT COACH

Signature of New Coach

Date

Relationship

NEW COACH

Signature of Board Member

Date

## NOTES