



METRO SOUTH JUNIOR FOOTBALL LEAGUE INC.

Request to Play Up.

Players can play up two (2) age groups (eg should play Under 9's but wants to play Under 10's or Under 11's).

If your child wishes to play up please fill out the information below.

As Parent/Guardian of:

First Name (Insert players name) Last Name

Date of Birth: _____

Who plays for the:

(Insert club name)

In the _____ Age Group (eg Under 9's) I, _____

(Insert Parent/Guardian name)

give permission for him/her to participate in the _____ age group (insert upper most age group you give permission for your child to play) in the MSJFL competition.

Signed: _____ Date: _____

(Parent/Guardian signature)

MSJFL Registrar Use Only.

Permit Approved: Yes/No MSJFL Registration No: _____ Date: _____

Comments:

