



North Durham United Football Club – Playing Up Permission

www.NorthDurhamUnited.com email: info@NorthDurhamUnited.com

This form is only required when a player wishes to **Tryout & Play Up** for an older age division **AND** North Durham United already offers a division at the players current age. If NDUFC doesn't offer a division for the player's age s/he may tryout and be selected for the next older age division we offer without this form. This form will be handled in strict confidence as per the club's privacy policy.

Note: Players must still attend all tryouts for their age division as per club policies.
Players must make the older team's roster based on their talent & ability as judged by the coaching staff of the team.

North Durham United FC's underage Policy states; kids should play at their own age level if it is provided by the club. We do however allow for exceptions for talented players who want to be challenged with better competition and can handle the extra maturity and physical challenges expected. There may also be other situations where permission may be granted by the Board. All decisions are Final.

Player Name: (last name) _____ (first) _____ (middle initial) _____

Birth Date: (YYYY) _____ (MM) _____ (DD) _____ **Gender:** _____ **OSA#:** _____ (from your player book)

Age Division you would normally play next season: _____ (eg U12) **Coach's Name:** _____

Age Division you'd like to play up for next season: _____ (eg U13) **Coach's Name:** _____

Reason(s) for this Request: _____

- 1) You believe your child will be a "Top Five" player on the older team and s/he can handle the physical & social challenge
- 2) Player has an older sibling on, or their parent is the head coach of, the older team & travel with two teams would be a family issue.
- 3) Other; (please explain your reasons below. Use the back of this form if required)

Parent(s) Name: (last name) _____ (first) _____

Home Phone: _____ **Cell Phone :** _____ **e-mail:** _____

Signature: _____ **Date:** _____

Playing Up Head Coach Name: _____ **Phone:** _____

Did you select this player to your team roster regardless of their age: ____ (Yes / No) **Are they a Top 5 player:** ____ (Yes / No)

Head Coach's Signature: _____ **Date:** _____

"Top 5" Assessor's Name: _____ **Is the Player a "Top 5" in your opinion?:** ____ (Yes / No)

Board Member Name: _____ **Allow Player to Play Up:** ____ (Yes / No)

Board Member Signature: _____ **Date:** _____