



ACADEMY OF SOCCER EXCELLENCE (ASE)

509-308-7293

www.asesoccer.com

PO Box 5595

Pasco, WA 99302

ASE Soccer Play Up Release Form

I (We), _____, as parent(s) or guardian(s) of
_____ hereby request that our child be permitted to play at the
_____ age group for the Fall _____ - Spring _____ seasons. The player's date of birth is
____/____/____. I (We) understand that if this request is granted our child may, in some
circumstances, be playing with and against children as much as two years older. These older children
often play a more advanced version of the game involving more physical stress and contact during
games and practices. I (We) understand that the Academy of Soccer Excellence does not encourage
playing above their correct age group. I (We) also understand that the advancement, if approved is at
the sole discretion of the Academy of Soccer Excellence Club. Re-application will be required for
each year that the player is playing above his, or her, proper age level.

Parent Signatures _____ Date _____

_____ Date _____

For ASE Use Only:

Head Coach (Older Age Group) Approval: _____

Director of Coaching or Soccer Operations Approval: _____