

PAL Soccer League  
P.O. Box 50  
Niceville, FL 32588-0050

## 2023 Special Request

**Must be received by PAL by July 23, 2023.** Either drop this form off during a PAL registration, mail it to the address above [allow enough time in transit] or email as a pdf attachment to [howard\\_hill@cox.net](mailto:howard_hill@cox.net). You will be sent an email verification of receipt.

**PAL will accept only the following special requests:**

\_\_\_ A. Request to **NOT** have a specific coach (Will be honored by the PAL Board.):

Coach's name \_\_\_\_\_

\_\_\_ B. "Playing up" (playing in an older age group):

- (1.) Must be in the best interests of the child, as determined by the PAL Board.
- (2.) Parent must request that the child "play up" in writing. (This form suffices.)
- (3.) Limited to going up only to the next older age group.
- (4.) Space must be available in the older age group.
- (5.) Requires approval by the PAL President after consultation with the PAL Board.

\_\_\_ C. "Playing down" (playing in a younger age group):

- (1.) Limited to a child with a verified disability or developmental problem.
- (2.) Parent must initiate a request to "play down" in writing. (This form suffices.)
- (3.) Parent must supply with this form a signed document from a doctor attesting that the child's disability or developmental problem would best be served by playing in a younger age group.
- (4.) Limited to being assigned to the next younger age group.
- (5.) Requires approval by the PAL President after consultation with the PAL Board.

Player's name: \_\_\_\_\_

Player's birthdate: \_\_\_\_\_ Boy: \_\_\_\_\_ Girl: \_\_\_\_\_

Age group based on player's birthdate:      U6      U8      U10      U12      U14      HS

Specific rationale for B. or C. above: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

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(For PAL Board use.):      Approved \_\_\_\_\_      Disapproved \_\_\_\_\_

PAL President's signature: \_\_\_\_\_ Date: \_\_\_\_\_