



Big Country Soccer District



Under and Over Age Player Registration and Authorization Form

Name of Player: _____

Date of Birth: _____
(Day/Month/Year)

Age on January 1st of Current Year: _____

Team Applying For: _____ (Eg: Under 12, Carstairs)

Underage (Playing Up)

Overage (Playing Down)

Previous Soccer Experience: _____
(Eg: Played soccer at the district recreational level for 2 years, Selects out of Calgary last year)

Reason for Request: _____

Authorizations:

Underage (Playing Up)

Overage (Playing Down)

Coach of Proposed Team:

Coach of Proposed Team:

Print Name: _____

Print Name: _____

Signature: _____

Signature: _____

Parent of Player: I understand that playing
with older players may be hazardous to my child.

President of Local Club:

Print Name: _____

Print Name: _____

Signature: _____

Signature: _____

Contact Phone Number: _____

President of Big Country Soccer:

Print Name: _____

Signature: _____

This form must be retained by the coach for presentation and examination by referees and other officials.