



# Medical Play Down Application

Disabled or Physically Challenged Child

All required information must be received for consideration.

Documents Required:

- Physician's Statement
- Signed Hold Harmless agreements
- Medical Release form
- Copy of the state issued Birth Certificate

Please email all required documents to Terry Fisher, CEO, [Terry@washingtonyouthsoccer.org](mailto:Terry@washingtonyouthsoccer.org).

You may also mail all documents to:

Washington Youth Soccer  
Attn: Medical Play Down Request  
7100 Fort Dent Way, Suite 215  
Tukwila, WA 98188

If you have questions, please contact Washington Youth Soccer at 253-476-2237

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Player-

First Name: Click or tap here to enter text. Last Name: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.

Current Grade and School: Click or tap here to enter text.

Parent/Guardian-

First Name: Click or tap here to enter text.

Last Name: Click or tap here to enter text.

Street Address: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text.

Zip: Click or tap here to enter text.

Contact Phone Number: Click or tap here to enter text.

Email address: Click or tap here to enter text.

Association: Click or tap here to enter text.

Club: Click or tap here to enter text.