



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 Nick Perera, Executive Director, Nickp@washingtoneyouthsoccer.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

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.

Washington Youth Soccer
7100 Fort Dent Way, Suite #215 Tukwila,
WA 98188-7500
www.WashingtonYouthSoccer.org
PHONE (253) 476-2237

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