



Medical Play Down Application

Disabled or Physically Challenged Child

All required documentation must be received for consideration.

Required:

- | | |
|--|---|
| <input type="checkbox"/> Medical Play Down Application | <input type="checkbox"/> Medical Release form |
| <input type="checkbox"/> Physician's Statement | <input type="checkbox"/> Copy of the state issued Birth Certificate |
| <input type="checkbox"/> Signed Hold Harmless agreements | |

Please email all required documents to Roger Levesque at RogerL@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 253-944-1600 option 2.

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.