

MEDICAL PLAY DOWN VERIFICATION FORM (Disabled or Physically Challenged Child)

Last Name		
First Name		
Date of Birth		
Current Grade		Season (e.g., Fall 2013)
Parent/Guardian Name		
Street Address		
City	State	Zip
Home Phone		Cell Phone
Email Address		
Club		

Required Documents:

- Physicians Statement
- Hold Harmless – Parent
- Medical Release
- Proof of Age

Seattle Youth Soccer Approval

Date