



At SYSA, recreational players are assigned to teams based on a seasonal year/age cut-off of August 1 thru July 31 of the following year. Any player can elect to 'play up' and be placed on an older team. However, to be eligible to 'play down' in SYSA on a team in our city-wide league (ages U10-U19), families must apply.

Medical Play-down requests are considered by the committee should the player be diagnosed with a medical condition that indicates that playing down is more developmentally appropriate.

Once all required forms are submitted to the registrar at the following email address: [playdownrequest@sya.org](mailto:playdownrequest@sya.org) we will redact all personal information, and forward the request to the committee for approval. Once approved, each family is notified, as is the club registrar where the child registers for fall soccer.

**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

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Seattle Youth Soccer Approval

\_\_\_\_\_  
Date