



Washington Youth Soccer
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www.wsysa.com



MEDICAL PLAY DOWN VERIFICATION FORM

(Disabled or Physically Challenged Child)

Last Name _____

First Name _____

Date of Birth _____

Current School Program/Grade _____

Parent/Guardian Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Association _____

Club _____

Documents Required:

Physician's Statement

Hold Harmless—Parent

Medical Release

Proof of Age Document