

## Medical Play Down Application | 6/13/2023

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All required information must be received for consideration.

Documents Required:

- Completed Medical Play Down Application
- Physician Statement
- Signed Hold Harmless Agreement
- Medical Release Form
- Copy of the state issued Birth Certificate

Please email required documents to Roger Levesque at [RogerL@Washingtonyouthsoccer.org](mailto: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.

Please provide the following information:

<b>Player Information</b>			
First Name:		Last Name:	
Date of Birth:		Grade Level:	
Club:		Association:	
<b>Parent / Guardian Information</b>			
First Name:		Last Name:	
Street Address:			
Street Address (Apt/Suite):			
City:		State:	
Zip:		Phone Number:	
Email:		Alternate Email:	