

## Application for Player Exception

This form is to be filled out by a Club DOC seeking an 8U player (4v4) to play on a 10U team (7v7), a 10U player (7v7) to play on an 11/12U team (9v9), an 11U player to play on a 12U team and a 12U player (9v9) to play on a 13U team (11v11).

Questions? Contact George Perry, [george@soccerindiana.org](mailto:george@soccerindiana.org)



### Please Print

Date: \_\_\_\_\_

Player's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Club requesting exception: \_\_\_\_\_

Seasonal Year for Request: \_\_\_\_\_ Team Player is to be assigned to: \_\_\_\_\_

Explain the participation age level you are seeking on behalf of this player. Include supporting statement from DOC with reason for exception request.

Parents and coaches understand that the 11 & under player is not permitted to intentionally head the ball in training or in games. Parents accept the responsibility of their child playing with an older age group.

After completing the top portion of this form, please print and obtain the Parent/Guardian and Director of Coaching signatures before submitting the original form to INDIANA SOCCER, Attention: ISL Commissioner, George Perry.

Parent or Guardian

Signature/Date: \_\_\_\_\_

Club Director of Coaching

Signature/Date: \_\_\_\_\_

Indiana Soccer, ISL Commissioner

Signature/Date: \_\_\_\_\_

Office Use – Processed: \_\_\_\_\_

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DOC's Printed Name: \_\_\_\_\_