

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 11U or 12U team (9v9) or an 11U or 12U player to play on a 13U team (11v11). All players playing small sided games are not allowed to intentionally head the ball.

Questions? Contact George Perry, 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: _____

Indiana Soccer League
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DOC's Printed Name: _____