



Saratoga-Wilton Soccer club  
PO Box 1292  
Saratoga Springs, NY 12866  
www.saratogawiltonsoccerclub.com

*Building Character through Soccer Since 1983*

## SWSC Exceptional Player Request Form

I would like my son/daughter to have the opportunity to “play up” (play at a higher age level) with the SWSC for the upcoming, 20\_\_ - 20\_\_\_\_, soccer year. I have read the policy on the Club website. I understand that my son/daughter must attend tryouts for his/her actual age group and may not go to another age group tryout without communication and evaluation of request with the Director of Coaching. After tryouts, the Player Selection Committee, in consultation with both age-group coaches, will make what it considers the best choice for your child. All decisions will be final.

Prior Year Club: \_\_\_\_\_  
Prior Year Team \_\_\_\_\_ (include “U” level)  
Prior Year Coach: \_\_\_\_\_  
Player Name: \_\_\_\_\_  
Parent Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Player Birthday: \_\_\_\_\_ Player Age: \_\_\_\_\_  
Age group I wish my child to play: \_\_\_\_\_

I wish for my child to “play up” at a higher age bracket because (please write on back if more room is needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE EMAIL THIS FORM TO THE APPROPRIATE DIRECTOR OF COACHING BEFORE THE WEEK OF TRYOUTS.**

**Boys DOC** – Peter MacDonald - [pmacdona@skidmore.edu](mailto:pmacdona@skidmore.edu)

**Girls DOC** – Jason Tenner – [girls\\_doc@saratogawiltonsoccerclub.com](mailto:girls_doc@saratogawiltonsoccerclub.com)