

PLAY UP REQUEST:

This "Play up Request" is for the **2009 – 2010** season **ONLY**.
I confirm that my child has a **July or August** birth date of the cut-off year in question **AND** that he/she will be playing with his/her grade-level peers [grade confirmation is required].

Family PIN#: _____

Player Name: _____ Birth Date: _____

Grade Level: _____ (Verification must accompany application)
(eg: **Final** report card of 08-09 school year; class schedule for 09-10; screen print of Wayzata Schools Family Access of Student/Athlete info- confirming 09-10 grade level)

Birth Certificate on file _____ or enclosed _____

Parent/Guardian name (please print): _____

Parent/Guardian Signature: _____

Email contact: _____

Submit this request to the WYHA Registrar PRIOR to the season's registration:

WYHA REGISTRAR
3475 Hunter Dr.
Medina, MN 55340

Or place into the "REGISTRATION" Box in rink A at Plymouth Ice Center.

You will be notified by the WYHA Registrar should your child be approved to play up with his/her grade level peers for the season and the next playing level will be available to select during online registration.

Admin ONLY:

Approved: WYHA Pres _____ VP-Admin _____ Level Coordinator _____ Registrar _____
