

# UNDERAGE PLAYER MOVEMENT FORM

\_\_\_\_\_ **FIELD LACROSSE LEAGUE**

**DATE OF REQUEST:** \_\_\_\_\_

**ASSOCIATION** \_\_\_\_\_

**CONTACT TELEPHONE NUMBER(S)** \_\_\_\_\_

**PLAYER'S NAME** \_\_\_\_\_

**BIRTHDATE** \_\_\_\_\_ **HEIGHT** \_\_\_\_\_ **WEIGHT** \_\_\_\_\_

**REQUEST FOR MOVEMENT TO:**

**PLAYUP A DIVISION FROM** \_\_\_\_\_ **TO** \_\_\_\_\_ **DIVISION**

**PREVIOUS YEARS EXPERIENCE PLAYING LACROSSE** \_\_\_\_\_

**BRIEFLY COMMENT ON REASONS TO SUPPORT THIS REQUEST**

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**ANY PLAYER THAT PLAYS UP IN A HIGHER WILL ONLY BE ALLOWED TO PLAY IN ONE PROVINCIAL CHAMPIONSHIP**

**Signature of Parent or Legal Guardian**

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

**Signature of Association President/Coach:**

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

**Authorization of Commission:** \_\_\_\_\_

**Approved or Declined (circle one)**

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