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RYSL Player Request Application

072511

Read the “RYSL Player Placement Policy” before filling out this Application

Fill out this application completely and legibly

I am requesting that my child play with the following Coach, on the following Team or with the following Players. I realize that the RYSL will do their best to accommodate my request, but that they are not obligated to do so. If this form is not filled out and attached to my registration form, my request will NOT be honored.

Player Name: _____

Parents Name: _____

Parents Address: _____

Parents Email: _____ **Cell #:** _____

Age Group: U/ _____ **Gender:** _____ **Date Submitted:** _____ **Given to:** _____

Coaches Name: _____

Team Name: _____

Players Name: _____

Players Name: _____

Players Name: _____

I have read the “RYSL Player Placement Policy” and I agree to abide by it.

 (Print Name) (Sign Name) (Date)

 (Name of person contacted for this transaction) (Date transaction was requested)

 (Name of person approve/disapprove this placement) (Position) (Date)

 (Comments)
