

BASC Team Play-Up Form (U6 to U19)



All returning teams who wish to remain together in the Fall 2016 Season via allowing currently rostered younger players to "Play Up" into the new age format may submit the following form **prior to the close of Normal Registration**. (Play Up is limited to 2 years by age. New players may not be added via this form.) Younger Players who are not listed below and who do not fall within the team's age bracket will be removed from the team. Coaches are responsible for ensuring players listed register with the club prior to the close of Normal Registration. Late Sign Ups are not guaranteed a spot on the team.
 Submit forms to the BASC office or via email to: registrar@basck.com

BASC use only

Team Name: _____	Gender: Boys _____ Girls _____				
Head Coach: _____	Team Age Division: _____				
Coach Sign: _____	Home/Cell Phone: _____				
Email Address: _____	Prefer Contact Via: Home Phone _____ Mobile Phone _____ Email _____				

Rcvd	Completed
	# of Players

Import Information: The Parent (or Guardian) of each player requesting to play up must sign the form below. By signing the form below, the Parent and the Coach are agreeing the player will play up an age bracket in order to remain on the same team. Players must already be assigned to the team from the prior season to use this form. (This form is not a Rec Select team formation and the final placement of players is to be determined by the Registrar.

Player #1 Name: _____	Reg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>
Parent Name: _____	Asg. <input type="checkbox"/>	Parent Signature: _____		
Player #2 Name: _____	Reg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>
Parent Name: _____	Asg. <input type="checkbox"/>	Parent Signature: _____		
Player #3 Name: _____	Reg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>
Parent Name: _____	Asg. <input type="checkbox"/>	Parent Signature: _____		
Player #4 Name: _____	Reg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>
Parent Name: _____	Asg. <input type="checkbox"/>	Parent Signature: _____		
Player #5 Name: _____	Reg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>
Parent Name: _____	Asg. <input type="checkbox"/>	Parent Signature: _____		
Player #6 Name: _____	Reg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>
Parent Name: _____	Asg. <input type="checkbox"/>	Parent Signature: _____		
Player #7 Name: _____	Reg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>
Parent Name: _____	Asg. <input type="checkbox"/>	Parent Signature: _____		
Player #8 Name: _____	Reg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>
Parent Name: _____	Asg. <input type="checkbox"/>	Parent Signature: _____		
Player #9 Name: _____	Reg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>
Parent Name: _____	Asg. <input type="checkbox"/>	Parent Signature: _____		
Player #10 Name: _____	Reg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>
Parent Name: _____	Asg. <input type="checkbox"/>	Parent Signature: _____		

BASC Team Play Up Form - Continued (Fill in Team and Coach below) www.bascok.com

Team Name: _____

Coach Name: _____

Player #11 Name: _____	Reg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>
Parent Name: _____	Asg. <input type="checkbox"/>	Parent Signature: _____		
Player #12 Name: _____	Reg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>
Parent Name: _____	Asg. <input type="checkbox"/>	Parent Signature: _____		
Player #13 Name: _____	Reg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>
Parent Name: _____	Asg. <input type="checkbox"/>	Parent Signature: _____		
Player #14 Name: _____	Reg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>
Parent Name: _____	Asg. <input type="checkbox"/>	Parent Signature: _____		
Player #15 Name: _____	Reg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>
Parent Name: _____	Asg. <input type="checkbox"/>	Parent Signature: _____		
Player #16 Name: _____	Reg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>
Parent Name: _____	Asg. <input type="checkbox"/>	Parent Signature: _____		
Player #17 Name: _____	Reg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>
Parent Name: _____	Asg. <input type="checkbox"/>	Parent Signature: _____		
Player #18 Name: _____	Reg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>
Parent Name: _____	Asg. <input type="checkbox"/>	Parent Signature: _____		
Player #19 Name: _____	Reg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>
Parent Name: _____	Asg. <input type="checkbox"/>	Parent Signature: _____		
Player #20 Name: _____	Reg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>
Parent Name: _____	Asg. <input type="checkbox"/>	Parent Signature: _____		
Player #21 Name: _____	Reg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>
Parent Name: _____	Asg. <input type="checkbox"/>	Parent Signature: _____		
Player #22 Name: _____	Reg. <input type="checkbox"/>	DOB: _____	Veri. <input type="checkbox"/>	Check box to request to play up: <input type="checkbox"/>
Parent Name: _____	Asg. <input type="checkbox"/>	Parent Signature: _____		

Coaches Comments/Notes: