



## MEDICAL PLAY DOWN APPLICATION Disabled or Physically Challenged Child

Please mail to the address below, or send the completed packet to Terry Fisher, CEO, [terry@WashingtonYouthSoccer.org](mailto:terry@WashingtonYouthSoccer.org). Only completed packets will be considered.

Washington Youth Soccer  
Medical Play Down Request  
7100 Fort Dent Way, Suite 215  
Tukwila, WA 98188

Once received at the Washington Youth Soccer Office, you may be contacted by phone for an interview within 7 to 10 days following a review of the packet.

If you have questions please contact the Washington Youth Soccer Office at 877-424-4318.

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First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Current School Program/Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Association \_\_\_\_\_

Club \_\_\_\_\_

**Documents Required:**

- Physician's Statement
- Signed Hold Harmless agreements
- Medical Release form
- Copy of the state issued birth certificate

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**WA Youth Soccer Office Use ONLY:**

Washington Youth Soccer Approval \_\_\_\_\_

Date \_\_\_\_\_