



Play Down Request Form

Requesting Town: _____ Date: _____

Player's Name: _____ Date of Birth: _____ Weight: _____

Division: _____ request to play division: _____

Reason this request is being made:

If medical reason please ask for medical professional to complete this form:

Medical professional Name: _____

Will an approval for this request make an impact on the health and well-being of this child?

Why? _____

If IEP or 504 plan we would require a copy to show proof of safety concern.

<p>_____ Physicians Signature _____ Date</p>	<p>Stamp</p>
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Vote outcome: Approved Denied Date:

X

Executive Board Member

X

Executive Board Member