ST. THOMAS ATHLETIC ASSOCIATION





Play Up Consent Form

I, hereby authorize my child to be put on call out list to play up one level. The Head Coach may contact me in case a player is requested to play up one level and my child's name is selected from a randomly assigned numerical ranking.

I understand that in such case where my child is requested to play up one level he/she may be asked to attend additional practices. I also understand that IHSA Six Quarters Rule applies for boys' & girls' basketball.

Athlete's Name		
Sport	Girls' Volleyball	Girls' Basketbal
	Boys' Volleyball	Boys' Basketbal
Parent's Name		
Signatu	re/Date	