



WAIVER REQUEST

Required for anyone who wants to play on a team different from their high school feeder pattern or different from the team as determined by date of birth!

Player's Name: _____ Birthdate: _____

School Player Attends: _____ Current Grade: _____

Parent/Guardian Name: _____ Phone #: _____

Player's Address (based on where they attend school):

Reason for Waiver Request: AREA _____ AGE _____

Please explain the reason and the hardship (if any) for this request (MUST BE COMPLETED BY A PARENT OR GUARDIAN): _____

Parent/Guardian Signature: _____ Date: _____

*Requesting JDYFL Area Rep. Signature/Date (required): _____ / _____

*Approval to play up/down by Team Head Coach Signature/Date (*required for Age Waiver*):

Not applicable: _____ Coach Signature/Date: _____ / _____

*Feeder Pattern JDYFL Area Representative Signature/Date (*required for Area Waiver*):

Not applicable: _____ Area Rep. Signature/Date: _____ / _____

****This completed form must be returned to the league no later than August 15.**

JDYFL Board of Directors Vote: Yes _____ No _____ Abstain _____