SPECIAL WAIVER REQUEST

REQUEST FORM MUST BE COMPLETED IN ITS ENTIRETY FOR CONSIDERATION, INDIVDUAL APPLICATION REQUIRED FOR EACH CHILD

ATHLETE INFORMATION

Athlete's Full Name: _____ *Date:* _____
First Middle Last

Address: _____*City:* _____ *State:* _____*Zip code:* _____

From Association: _____ ***To Association:*** _____

Division *(circle one): 7U 8U 9U 10U 11U 12U 14U*

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____
First Last

Best Contact Number: _____ Email: _____

Please explain reason for request (use back of form if more space is needed:

_____

_____

_____

_____

SPECIAL WAIVER APPROVAL IS ON A CASE BY CASE BASIS AND IS NOT GUARANTEED

_____ _____
Parent/Guardian Signature Date

Home Association President Signature: _____ Date: _____

↓ FOR SDYFC USE ONLY ↓

Date Request Received: _____

***Request Status*: APPROVED:** _____ **DENIED:** _____

By (Print Name): _____ **Signature:** _____