

Waiver Request Form Instructions

Click [here](#). Then click Tab - this will put cursor in 1st field

Telephone numbers: enter the 10 digits i.e., no delimiters. The document will format the number automatically

Multi-line entries will not auto-wrap. User must move to next line manually.



Babe Ruth League, Inc.

A Non-Profit Tax-Exempt Organization for 4 to 18 Year Old Players
Website: www.baberruthleague.org
International Headquarters: 1670 Whitehorse-Mercerville Road, Hamilton, NJ 08619
Phone: 609-695-1434 Fax: 609-695-2505



WAIVER REQUEST

NAME OF LEAGUE: _____
CITY _____ STATE _____
DIVISION: Baseball: T-Ball Rookie Minor Major 13-16 16-18
Softball: 6U 8U 10U 12U 14U 16U 18U

LEAGUE PRESIDENT: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: Home _____ Work _____
Cell _____ Email _____

RULE TO BE WAIVED: Rule#: _____ Paragraph#: _____
REGARDING: _____

REASON FOR REQUEST: _____

Signed (League President): _____ Date: _____

Forward this form to your District Commissioner

DISTRICT COMMISSIONER: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: Home _____ Work _____
Cell _____ Email _____
Approval Recommended Denial Recommended

COMMENTS: _____

Signed (District Commissioner): _____ Date: _____

Forward this form to your State Commissioner

STATE COMMISSIONER: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: Home _____ Work _____
Cell _____ Email _____
Approval Recommended Denial Recommended
COMMENTS: _____

Signed (State Commissioner): _____ Date: _____

Forward this form to your Assistant Regional Commissioner

ASSISTANT REGIONAL COMMISSIONER: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: Home _____ Work _____
Cell _____ Email _____
Approval Recommended Denial Recommended
COMMENTS: _____

Signed (Assistant Regional Commissioner): _____ Date: _____

Forward this form to your Regional Commissioner

REGIONAL COMMISSIONER: Barry Jordan
STREET ADDRESS: 38 Dolloff Rd
CITY: Sebago STATE: ME ZIP: 04029
TELEPHONE: Home _____ Work _____
Cell (207) 653-2429 Email barry.jordan@yahoo.com
Approval Recommended Denial Recommended
COMMENTS: _____

Signed (Regional Commissioner): _____ Date: _____

Forward this form to your National Commissioner

DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY.

This waiver has been approved

This waiver has been denied

Signature: _____
(Michael Solanik, National Commissioner of Babe Ruth League, Inc.)

Date: _____

This waiver is good for the 2025 season only and all other Babe Ruth League, Inc. Rules and Regulations must be adhered to in order to be eligible for tournament play.