



AGE WAIVER REQUEST FORM

Submission of this form is required for those requesting to play in an age division younger or two age groups above that stipulated by USSSA rules.

Note: Only players with documented mental and/or physical disabilities will be considered eligible to "Play Down" to a younger age division.

Child's Name: _____

Child's Date of Birth: _____ Child's Age as of May 1, 2021: _____

Parent's Name: _____

Phone: _____

Age Division requesting to play in: _____

Reason for request: _____

STAFF USE ONLY

Approved: _____ Date: _____

Denied: _____

Reason for Approval/Denial: _____

