

SPECIAL WAIVER REQUEST

Date: _____

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

ATHLETE INFORMATION

Athlete's Full Name: _

First

A 1.1				
Address:	City:		State:	Zip code:
From Association:		_ To Association: _		
Division (circle one): 7U 8U 9U	10U 11U 12U 14	U		
	PARENT/GUARDI	AN INFORMAT	<u>ION</u>	
Parent/Guardian Name:	First	1		
		Last		
Best Contact Number:		Email:		
Please explain reason for roquest /	use back of farms if			
Please explain reason for request (use back of form if mor	e space is needed	:	
CDECIAL MANUED ADD				
SPECIAL WAIVER APP	PROVAL IS ON A CASE	BY CASE BASIS A	AND IS NOT (GUARANTEED
	PROVAL IS ON A CASE	BY CASE BASIS A	AND IS NOT (GUARANTEED
Parent/Guardian Signature		Date		
		Date		
Parent/Guardian Signature	ture:	Date		
Parent/Guardian Signature Home Association President Signat	ture: V FOR SDYFC	Date		
Parent/Guardian Signature	ture: V FOR SDYFC	Date		
Parent/Guardian Signature Home Association President Signat	ture: V FOR SDYFC	Date USE ONLY		
Parent/Guardian Signature Home Association President Signat	ture: V FOR SDYFC	Date		