

WATVER REQUEST Required for anyone who wants to play on a team

different from their high school feeder program 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:	
Reason for Waiver Request: AREA	AGE
Please explain the reason for the waiver (if any) for this reque (MUST BE COMPLETED BY A PARENT OR GUARDIAN):	st
Parent/Guardian Signature:	
*Requesting JDYFL Area Rep. Signature/Date (required):	
*Approval to play up/down by Team Head Coach Signature/D	Date (required for Age Waiver):
Coach Signature/Date:	
*Feeder Pattern JDYFL Area Representative Signature/Date (Area Rep. Signature/Date:	

**This form must be completed and included in the roster book at check-in.