

NVJCYO WAIVER REQUEST FORM

Sport & League: _____ *Date of Request* _____

Name of Coach: _____ *Team Parish* _____

Name of Prospective Player: _____

Rule Requested To Be Waived: _____

Number of players on team without a waiver: _____ *In reaching that number, were any potential players from the team s parish cut or otherwise discouraged from making the team? Yes No (Circle One)*

Reason for Request: (explain special circum stances) _____

Prospective Player s Biographical Data

Date of Birth: _____ *Height:* _____ *Weight:* _____

Address: _____

Parish of that Address: _____

School Attending: _____ *Grade:* _____ *Date Started:* _____

CCD Parish Attending: _____ *Grade:* _____ *Date Started:* _____

Previous NVJCYO Sports and Leagues: _____

Other Previous or Current Participation: (in this sport, stating organizations and dates):

The above information is true and correct to the best of my knowledge.

_____ *Signature of Coach*

By NVJCYO Vice President: *Approved* _____ *Disapproved* _____

Signature: _____ *Date:* _____