

# TRANS-VALLEY YOUTH FOOTBALL LEAGUE

## PLAYER WAVIER

Player Name

Date

Member Team

Level

Type

D.O.B.

Age on November 29

Total number of years participating in youth football ?

Medical reason for Wavier?

Person initiating Wavier

Physician orders attached?

### Reason for Wavier? weight issues not acceptable reason

All details shall be typed here. Attach required documents in support of request.

Players Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

Number of players on squad this player is attempting to be waived **FROM-**

Approved- Team

Number of players on squad this player is attempting to be waived **TO-**

Denied- Team

Team PRESIDENT Signature \_\_\_\_\_

League Rep. Signature \_\_\_\_\_

Team PRESIDENT Print name \_\_\_\_\_

League Rep. Print name \_\_\_\_\_

TVYFL Secretary \_\_\_\_\_

Approved- TVYFL

TVYFL President \_\_\_\_\_

Denied- TVYFL

\* Attach Copy of most current Report Card From School. THIS document SHALL be typed or it will not accepted. The signature's and check box's are the only allowed non typing on this document.