2020 Peninsula Youth Football and Cheerleading Organization

Age Waiver Request

To: PYFCO Commissioners

Subject: Waiver Request for Football ☐ Cheer ☐

_____
(Participant Name)

I, _____, request the waiver for the participant listed to move from
(Parent Name)

_____ to _____.
(Actual Age Division) (Requested Age Division)

I am requesting waiver for the following reason(s):

Please initial showing you agree to the statements below:

_____ I understand that this is a one-time move and once the participant listed above moves to a new age division, he/she cannot move back to the original age division.

_____ I assume responsibility for this decision and waive any PYFCO liability for this move.

_____	_____	_____
Parent Signature	Parent Name (printed)	Date

For PYFCO use only:

Requesting League President Signature: _____

Commissioner Signature: _____ Approve ☐ Disapprove ☐