

NCYFL WAIVER REQUEST

DATE _____ MEMBER TOWN _____

NAME OF PLAYER: _____

ADDRESS: _____

PREVIOUS ADDRESS *(if less than 2 years at above address):*

PHONE NUMBER: _____ DATE OF BIRTH: _____

SCHOOL DISTRICT: _____

DID YOU PLAY IN NCYFL BEFORE ? Yes No

IF SO, WHEN: _____ WHERE: _____

The undersigned hereby requests that the NCYFL allow a waiver for the above named player to play with the above named Member for the following reasons (specific provision of Rule 2.5.7 must be stated):

It has been explained to the player and his parent or guardian that there is a NCYFL football program in the player's home town, and that the granting of waivers is strictly governed by the provisions of Rule 2.5.7 of the NCYFL Playing Rules. THE SUBMISSION OF THIS REQUEST IS NO GUARANTEE THAT A WAIVER WILL BE GRANTED.

MEMBER'S DIRECTOR **PARENT OR GUARDIAN**

NCYFL ACTION:

APPROVED DISAPPROVED

CONDITIONS:

NCYFL OFFICIAL