JEFFERSON DISTRICT YOUTH FOOTBALL LEAGUE

EXECUTIVE BOARD

WAIVER 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 request

(MUST BE COMPLETED BY A PARENT OR GUARDIAN):

_____

_____

_____

_____

Parent/Guardian Signature: _____ Date: _____

*Requesting JDYFL Area Rep. Signature/Date (required):_____/_____

*Approval to play up/down by Team Head Coach Signature/Date (***required for Age Waiver***):

Coach Signature/Date: _____/_____

*Feeder Pattern JDYFL Area Representative Signature/Date (***required for Area Waiver***):

Area Rep. Signature/Date:_____/_____

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