

Age Waiver Form

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Player Name Player Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested Division

I request a waiver for my son/daughter to play in a different division from their age appropriate division.

I recognize that Caroline County Little League encourages players to play in their age appropriate division, and I have discussed the following considerations with a representative of the CCLL:

\*Players may be at a higher risk of injury when playing up a division.

\*Players may be discouraged by the size and/or age of teammates.

\*Players may have fewer opportunities to play their favorite positions and may not get as much game time as in an age appropriate division.

\*Players who are not approved will stay in their age appropriate division.

I understand that my son/daughter will be required to undergo an Age Waiver Assessment for the appropriate division and that my child MUST attend the assessment. If my child does not attend the requested assessment, the age waiver will be denied and he/she will be placed in the age appropriate division. Further, I understand attendance at the waiver assessment does not guarantee that the waiver will be approved.

I understand that this waiver, if approved, is only for the current season.

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Parent/Guardian Signature Date

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The request has been: Approved\_\_\_\_\_ Denied\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)

Division Assigned:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Player Agent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_