

DATE _____

**BADGER REGION
AGE WAIVER REQUEST**

REQUEST ON BEHALF OF:

Name _____ Soc. Sec. # _____ - -
Address _____ DOB _____ / _____ / _____
Cit _____ St _____ Zip _____
Team Name _____ Uni. # _____ Region _____
Phone(H) _____ (W) _____ Fax _____

*Parents'/Guardians' Name(_____
* See parent's/guardian's information

TEAM REPRESENTATIVE'S INFORMATION

Name _____
Address _____
Cit _____ St _____ Zip _____
Club Name _____ Region _____
Phone(H) _____ (W) _____ Fax _____

PARENTS' / GUARDIANS' INFORMATION (If different from minor's)

Name _____ Relationship _____
Address _____
Cit _____ St _____ Zip _____
Phone(H) _____ (W) _____ Fax _____

WHAT IS THE WAIVER YOU ARE ASKING FOR:

WHY ARE YOU ASKING FOR THIS WAIVER:

This waiver request must include: the team's tournament schedule, proof of grade, and copy of birthcertificate. Incomplete waiver requests will not be considered.

Send to: Badger Region Volleyball Assoc., 2931 N. 73rd St., Milw, WI 53210

For Official Use Only

REQUEST GRANTED _____ / _____ / _____ REQUEST DENIED _____ / _____ / _____

WAIVER RESTRICTIONS:

Waiver is only approved for in-region tournaments as listed on attached schedule.

COMMISSIONER'S SIGNATURE _____

DATE WAIVER IS EFFECTIVE _____ / _____ / _____ TO _____ / _____ / _____