



# MAYLA Boundary Waiver Form

Player's full name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Player's full address: \_\_\_\_\_

Email address \_\_\_\_\_

Did this player live at the provided address last season? Yes or No

Player's current grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Current Team level: \_\_\_\_\_

Player's Previous Club affiliation: \_\_\_\_\_ Years: \_\_\_\_\_

Provide the name of the club this player desires to play for this season: \_\_\_\_\_

Describe concisely, the circumstances and subsequent reason(s) why a waiver request should be granted in this particular case and why the player should be allowed to play in a club other than his/her school team, or club that geographically corresponds to his/her fulltime residence.

Please Read and accept the following agreement by signing below:

1. All information provided in support of this request is accurate to the best of my knowledge.
2. I understand that any misrepresentation of the facts or information found in question will immediately void any granted waiver.
3. I understand that participation in a game by any ineligible player will result in forfeiture.

Parent name: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form to the MAYLA League Commissioner by March 15 of the current season.

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Adopted: August 29, 2013