



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 full-time 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.

commissioner@mayla.org