

# Out-Of-Boundary Player Waiver Request

## 1. Player Information

Player's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Division of Play: \_\_\_\_\_

\_\_\_\_\_  
*Parent / Legal Guardian Street Address ( a PO Box is NOT acceptable)      Town/ City      State      ZIP Code*

## 2. Certification by Local Little League Requesting the Waiver

I, the undersigned, am the president of \_\_\_\_\_ Little League

League ID#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

The  parent  legal guardian of the player named in Box 1 above does NOT reside within my league's boundaries. However, *because of the reasons outlined on the attached sheet/letter*, this Waiver Request is being submitted so that the player named above may be allowed to participate in our league for the current season.

On behalf of the Board Of Directors (BOD) of my league, I am requesting this Waiver for the above named player to be allowed  Regular Season Play Only  Full Eligibility (Regular Season and Tournament Play) for the current season.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 3. Certification by Local Little League in which the Parent(s) or Legal Guardian(s) Reside

The parent(s) or legal guardian does not reside within the boundaries of any local Little League (go to Box 4)

I, the undersigned, am the president of \_\_\_\_\_ Little League

League ID#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

The parent(s)/legal guardian(s) of the player named in Box 1 above reside within the boundaries of my league.

On behalf of the Board Of Directors (BOD) of my league I:

agree to release the above named player for the current season for Regular Season Play Only

agree to release the above named player for the current season for Full Eligibility (Regular Season and Tournament Play)

do NOT agree to release the above named player for the current season (*the reasons for NOT agreeing to this Waiver Request are outlined on the attached sheet/letter*).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 4. Certification by Parent(s) or Legal Guardian(s) of the Player Named in Box No. 1 Above

I, the  parent  legal guardian of the player named in Box 1 above, am requesting that he/she be permitted to participate in the Little League named in Box 2 above for the current season *for the reasons described on the attached sheet/letter*.

I understand and agree that the decision of the Charter Committee in Williamsport is FINAL and I also understand that this Waiver Request could be Denied and that even if it is Approved the Approval could be limited to REGULAR SEASON PLAY ONLY which means the player named above would NOT be eligible for selection/play on any Tournament (All Star) Team.

\_\_\_\_\_  
Signature of parent(s) or legal guardian(s) of the child named above      Date

## 5. Recommendation by the District Administrator (DA):

I  agree  disagree with this Waiver Request.

Comments:

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

\_\_\_\_\_  
Signature of the District Administrator (DA)      Date

*This Waiver does not take effect until this form and any attachments are properly completed, received and filed at the applicable Regional Headquarters and the Waiver is approved by the Charter Committee in Williamsport and then approval is provided in writing by the applicable Regional Headquarters.*