

CTYFL Age Waiver Request

Date: _____

To Whom It May Concern:

I/We, _____,
parent(s)/guardian(s) of _____, request that he/she be
allowed to play in the _____ division which is one age division older
than he/she is currently qualified for by age.

I/We understand that this will mean he/she will possibly be playing with and against
children who are older, more mature, larger and more developed than my child. As such,
I/we accept that he/she may be put at a physical disadvantage and that the risk of injury
has increased beyond even the normal risks of participating in a contact sport such as
football. I/We fully accept the consequences of this decision and hold harmless the
Central Texas Youth Football League (CTYFL), all officers of CTYFL, our Association

_____ and all officers of our Association
(name of participating Association)

_____ for all injuries sustained by my/our
(name of participating Association)

child/ward _____ while participating in CTYFL activities.

Signature

Print Name

Signature

Print Name