

**East Bay Girls' Athletic League
Waiver Request for Player's Exemption from Rules and Regulations**

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Date: _____

Organization: _____

Division: B C D **Current designated bracket:** Div 1 Div 2 Div 3 Div 4

Player's Name: _____

Age as of Dec. 1st: _____

Birthdate: _____

Grade: _____

Height: _____

Experience:

Organization: _____ Number of years or list years: _____

One of first six players on most recent team? Yes No

Organization: _____ Number of years or list years: _____

One of first six players on most recent team? Yes No

Organization: _____ Number of years or list years: _____

One of first six players on most recent team? Yes No

Membership criteria with sponsoring organization:

Date started: _____ Number of years or list years: _____

Reason for waiver:

Current number of players on this team: _____

Are there other waivers being requested for this team? Yes No

How many waivers in total for this team? _____

Player's names of other requested waivers: _____

Could there be a possible bracket change because of waiver(s)? Yes No

FROM which bracket? _____ TO which bracket? _____