



NORTHWEST CHICAGO YOUTH LACROSSE FEDERATION

2013 PLAY-UP WAIVER FORM

Northwest Chicago Youth Lacrosse Federation (NWCYLF) allows programs to submit a WAIVER to allow individual players to “play up” one age grouping. Waivers are for one playing season only. Waivers are obtained by written consent via this form and must be signed by the program that the player is playing on during NWCYLF sanctioned game play. While the NWCYLF does not recommend that players play up, the NWCYLF leadership does recognize that there may be a number of factors, including, but not limited to, size, maturity, and experience that may warrant a waiver for a child to play up.

1. Please provide ALL player information.

NWCYLF 2013 Recommended Age Groups	
Age Bracket	Criteria
U9	Born on or after 9/1/2003
U11	Born on or after 9/1/2001
U13	Born on or after 9/1/1999
U15	Born on or after 9/1/1997

Player Name				
Birthday				
Grade				
Actual Age Group	U9	U11	U13	U15
New Age Group		U11	U13	U15
Program Name				
Coach of Player				
Team Name				
Player Address				

2. PROGRAM NOTIFICATION & AUTHORIZATION

I, a duly authorized representative of the above mentioned Program, hereby notify the NWCYLF that the above listed player will be playing one age grouping higher than is recommended by the NWCYLF. I hereby certify that no representatives of the Program have coerced the parents of this child into playing at a higher level. I also confirm that the parents/guardians of this player have been consulted, understand the potential risks and agree to having their son play at a higher level. I also confirm that player safety has been thoroughly examined and that the decision to have this player compete at a more advanced level does not pose an unreasonable risk to this player or others. I also certify that the Program’s insurance policy is not violated as a result of the decision to have this player compete at a more advanced level. I also confirm that a similar form has been submitted for all other players from my Program that are playing at a higher level than recommended by the NWCYLF.

By signing this, I am certifying that I am also authorized to act on behalf of the Program. Failure to comply to any of the above mentioned items may trigger disciplinary measures against the Program, myself and/or any other affiliated parties.

Accepted and Agreed:

Represented Youth Lacrosse Program (the “Program”):

Program

Representative:

Signature:

Date:

NWCYLF Board

Member:

Signature:

Date: