



NORTHWEST CHICAGO YOUTH LACROSSE FEDERATION

2013 PLAY-DOWN PERMISSION FORM

Northwest Chicago Youth Lacrosse Federation (NWCYLF) allows programs to submit a REQUEST to allow a player to “play down” one age grouping. If a request is granted and a waiver is issued, it is good for one playing season only. Waivers are obtained via this form and must be signed by a duly authorized representative of the program that the player is playing on during NWCYLF sanctioned game play. Furthermore, the NWCYLF must approve requests before a waiver is granted. While the NWCYLF does not recommend that players play down, the NWCYLF leadership does recognize that there may be a number of factors, including but not limited to, medical condition, mental and/or physical disability that may warrant a waiver for a child to play down.

It should be noted that physical size, playing ability, skill or athleticism are not sufficient factors for the granting of play-down waivers.

It should also be noted that the safety of ALL players in the NWCYLF must be considered when granting a waiver to play down. No player will be allowed to play down if they pose an unreasonable risk to other players at a lower level. All waivers are subject to revocation at the discretion of the NWCYLF board should player safety become a concern.

1. Please provide ALL player information.

Player Name				
Birthday				
Grade				
Player Height				
Player Weight				
Actual Age Group	U9	U11	U13	U15
Requested Age Group	U9	U11	U13	
Player Address				

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

2. Reasoning for Play-Down Request



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4. PLAYER INFORMATION

Player Name			
Program Name			
Coach of Player			
Team Name			
Team Level	U9	U11	U13

5. PROGRAM NOTIFICATION & AUTHORIZATION

I, the representative of the above mentioned Program, hereby request the NWCYLF that the above listed player will be playing one age grouping lower than is recommended by the NWCYLF. I believe that this player has a condition that affects his ability to play lacrosse at an age-appropriate level. I also confirm that player safety has been thoroughly examined and that the decision to have this player compete at a lower level does not pose an unreasonable risk to this player or others..

While representatives from my program have discussed with the parents and/or guardians of the child the concept of playing down a level and how it may be an alternative option for the player, I hereby certify that no representatives of the Program have coerced the parents and/or guardians of this child into playing at a lower level. I also confirm that the parents/guardians of this player have been consulted and that they understand the potential risks inherent in the game of lacrosse regardless of the level of play.

I am aware that the condition(s) I am representing with this form is accurate and warrants consideration for this play-down request. I also certify that the player is not being requested to play lower in order to balance team levels or improve numbers at an age grouping. 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 lower level. I also confirm that a similar form has been submitted for all other players from my Program that have been requested to play at a lower level than recommended by the NWCYLF.

Should a waiver be granted, I certify that the coaching staff of my Program agrees to take responsibility for monitoring the above mentioned player to ensure that he is not posing a risk to himself or the other players on the field. If player safety (for any player) becomes a risk as a result of the above mentioned player playing down a level, I/we agree to take IMMEDIATE ACTION, in order to rectify the situation. This may include, but is not limited to, sitting the player down, excusing him for the remainder of a game or pulling him briefly to help him understand an issue that may present a compromise of player safety.

I also understand that this request may not be granted and a waiver to play down may not be issued. I agree to abide by the rulings of the NWCYLF on this matter and all disciplinary matters as they pertain to youth lacrosse games played within 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:

Approved

Denied

Initials