

# CLINTON COUNTY YOUTH BUREAU

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## AGE WAIVER REQUEST

### Clinton County Youth Sports Programs

**Athletes' Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Town of Residence:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Current grade level in School:** \_\_\_\_\_ **Current Coach:** \_\_\_\_\_

**Sports Program** (circle only one): *Basketball* *Baseball* *Softball* *Soccer*

(A separate Age Waiver Request is required for each season)

**Athletes' age appropriate level of play:** \_\_\_\_\_

### Request:

**Specific Reason(s) for Request:** (Please provide information on why the youth is unsafe to play at their age appropriate level.)

**Will the athlete be participating in a High School Sports Program (Modified, Junior Varsity, Varsity) for the sport the waiver is requested for?**

**YES** (circle one) **NO**

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

### For Youth Bureau Use Only

- i. Youth Bureau received Waiver Request on Date \_\_\_\_\_
- ii. Youth Bureau conducted Evaluation on Date \_\_\_\_\_
- iii. Youth Bureau announced Findings on Date \_\_\_\_\_

Waiver Request was **APPROVED** (circle one) **DENIED**

Reason(s) for above action:

Evaluator: \_\_\_\_\_

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