

CLINTON COUNTY YOUTH BUREAU

OFFICE ADDRESS: 135 MARGARET STREET, 2ND FLOOR

MAILING ADDRESS: 137 MARGARET STREET

PLATTSBURGH, NEW YORK 12901

(518) 565-4750

FAX (518) 565-4775

youth@clintoncountygov.com

John Redden
EXECUTIVE DIRECTOR

Terri Sisco
SUPERVISOR

Krysten Inman
RECREATION DIRECTOR

AGE WAIVER POLICY

It is the County Recreation Department's policy that youth play on teams in their age appropriate age bracket (i.e., Mite, Pee Wee, Bantam).

An Age Waiver may be requested by a parent/guardian should their child have a specific physical, social or emotional impairment that would make it unsafe for the youth to play at their age appropriate level.

Age Waivers to move down an age bracket are granted on a case-by-case basis. To request an Age Waiver, (a) parent(s)/guardian(s) must submit an Age Waiver Request Form to the Youth Bureau prior to the established deadline. No age waivers will be accepted after the determined deadline even if practices have not started.

Evaluation Criteria

An Age Waiver is ONLY appropriate when it is determined that it is **unsafe** for a player to participate in their age appropriate age bracket, **AND** it is determined that allowing that player to **"play down"** in a younger age group will not pose safety concerns for their fellow players at that level.

An Age Waiver is NOT appropriate when requested for the following reasons:

- Youth misses age cutoff date
- Youth wants to play with friends
- Town does not have a team at the age appropriate level.
(Player may be released to play in another town.)

Youth **CANNOT** be placed on a team, practice or play at a lower age level until the County Recreation Department completes the Age Waiver evaluation.

CLINTON COUNTY YOUTH BUREAU

OFFICE ADDRESS: 135 MARGARET STREET, 2ND FLOOR

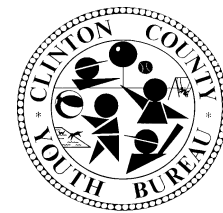
MAILING ADDRESS: 137 MARGARET STREET

PLATTSBURGH, NEW YORK 12901

(518) 565-4750

FAX (518) 565-4775

youth@clintoncountygov.com



John Redden
EXECUTIVE DIRECTOR

Kim Crockett
YOUTH BUREAU SUPERVISOR

Krysten Inman
RECREATION DIRECTOR

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: _____