



LITTLE LEAGUE OUT OF BOUNDARY WAIVER REQUEST FORM

PLAYERS NAME: _____ LEAGUE AGE: _____
(Please PRINT)

Current Address: _____
(Street address of parents/legal guardian [NOT P.O. Box], City, State {or Province} and Zip [or postal] Code)

1

Statement by Local Little League in Which Parent(s) or Legal Guardian Reside

I am the President of _____ Little League (I.D.# _____) in whose boundaries the parent(s) or legal guardian of the above-named player reside. On behalf of the Board of Directors of my League I DO ___ DO NOT ___ agree to release any claim to the player listed above for the duration of their Little League carrier.

(Note 1: If the President does not agree to release any claim on the player, a separate sheet explaining the reasons therefore should be attached.)

(Note 2: If the parent(s) or legal guardian do not reside within the boundaries of any local Little League, this section does not need to be completed.)

Signature: _____ Date: ____/____/____

2

Statement by Local Little League Accepting the Player

I am the President of _____ Little League (I.D.# _____). The parent(s) or legal guardian of the player listed above do not reside within my League's boundaries. Because of the reasons outlined on the attached letter from the parent(s)/legal guardian, the player above wishes to participate in my League. On behalf of the Board of Directors for my League, I am requesting that the player be permitted to participate in our League for the remainder of their Little League carrier.

Signature: _____ Date: ____/____/____

ATTACHMENTS (Required):

Statement by Parent(s)/Legal Guardian giving reason(s) for request

Statement by District Administrator recommending Approval/Disapproval