

CTYFL Age Waiver Request

Date: _____

To Whom It May Concern:

I/We, _____, _____

parents(s)/guardian(s) of _____, request that he/she be allowed to play in the _____ division which is one age division older than he/she is currently qualified for by age.

I/We understand that this will mean he/she will possibly be playing with and against children who are older, more mature, larger and more developed than my child. As such, I/We accept that he/she may be put at a physical disadvantage and that the risk of injury has increased beyond even the normal risks of participating in a contact sport such as football. I/We fully accept the consequences of this decision and hold harmless Central Texas Youth Football League (CTYFL), all officers of CTYFL, _____ (participating association) and all officers of _____ for any injuries sustained by _____ while participating in CTYFL activities.

Signature

Print Name

Signature

Print Name