

# ***CQL WAIVER REQUEST***

Player's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Association \_\_\_\_\_

Association where player is requesting to play \_\_\_\_\_

Reason for Waiver \_\_\_\_\_

*I/We, the parent(s)/Legal guardian(s) of the above, understand the agreement of this waiver.*

Parent/Legal Guardian (PRINTED) \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian (PRINTED) \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Home Association Voting Representative (PRINTED) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Waived to, Voting Representative (PRINTED) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

CQL Division Commissioner (PRINTED) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**INSTRUCTIONS:**

**THE TEAM WHERE THE PLAYER IS BEING WAIVED SHOULD EMAIL A COPY OF THE COMPLETED FORM TO THE DIVISION COMMISSIONER OF THE WAIVING TEAM FOR APPROVAL. THE DIVISION COMMISSIONER WILL RESPOND VIA EMAIL WITH AND APPROVAL OR DECLINE. THE TEAM WHERE THE PLAYER IS BEING WAIVED SHOULD ATTACH A COPY OF THE EMAIL APPROVAL TO THE WAIVER TO BE TURNED IN WITH ALL PAPERWORK. THE ASSOCIATION SHOULD ALSO KEEP A COPY OF THE WAIVER FOR FUTURE YEARS.**