



TUALATIN VALLEY
YOUTH FOOTBALL LEAGUE

2019 WAIVER FOR TEAM PLACEMENT

This form must be completed with all required signatures and be submitted to a Division President prior to the League deadline to be valid.

Date _____

Player's Name _____

Home Association _____ Birthdate _____

Grade _____ Age _____ Years of Prior Football Experience _____

Requested level of play: 3/4 5/6 JV 7/8 V

Reason for Request:

We hereby agree to the proposed change for the above-named player:

Parent/Guardian Signature _____

Home Association President Signature _____

New Association _____ *(if applicable)*

New Association President Signature _____

Date presented to Division President _____

APPROVED DENIED

TVYFL Division President Signature _____