



Dana Point Youth Baseball (“DPYB”) “Play Down” Waiver Request Form

While DPYB strongly discourages that players play down, DPYB does recognize that there may be some compelling factors, including and most importantly safety, that may warrant a child to “play down” from his/her respective age appropriate division. DPYB permits parents/legal guardians to request a WAIVER to allow his/her player to play down into the next age-group division younger than them. Requests and any approval granted are for one playing season only. Requests are by written application only by the parent(s) or legal guardian(s).

I, the parent/guardian of the below-listed minor child, hereby request my child to play baseball in the division younger than he/she is assigned and recommended by DPYB. I am aware that my child will be playing against younger players, and potentially will be more physically developed, have potentially higher level of skills, and I, therefore, recognize the added risks to the other players’ health and safety, as well as to my child’s emotional well-being. In signing below, **I accept these risks and accept all and every liability and responsibility stemming from such risks as my own, and I absolve DPYB, its board members, volunteers, and associated personnel against any claims by or on behalf of the player named below and from any responsibility for the same.** I also acknowledge that I am making this decision on my own initiative and have not been requested to do so by any DPYB coach or member. I also acknowledge that DPYB requests that I seek the advice and approval of a licensed physician that my son/daughter is at a medical risk to play in his/her respective age appropriate division.

In addition, since my son/daughter is playing down a division, I further acknowledge that he/she will be ineligible to participate in All Stars & Select programs, in any capacity for the season.

Parent/Guardian Name: _____

Parent Signature: _____

Player’s Name: _____

Player’s Date of Birth: _____

Actual Assigned DPYB Age Group: _____

Parent’s Requested DPYB Age Group: _____