



# 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. I understand that if this waiver is granted by the Charter Committee, the player listed above will not be eligible for selection to the Tournament Team (All-Stars) until the SECOND season of play in the Little League (see box 2) accepting the above listed player.

(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 do \_\_\_\_\_ do not \_\_\_\_\_ request that the player be permitted to participate in our League for the remainder of their Little League carrier. I understand that if this waiver is granted by the Charter Committee, the player may not be selected to the Tournament Team (All-Stars) until the SECOND consecutive season of play.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### ATTACHMENTS (Required):

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

Statement by District Administrator recommending Approval/Disapproval