

GREAT NORTHERN

L A C R O S S E L E A G U E

Date: ____/____/____ Level of Play _____ Boys ____ Girls ____

Please refer to Article II.H.9.b the GNLL Youth Rules and Regulations for waiver types and restrictions. This waiver form is for players requesting to play in an association that player does not reside in nor attend school in.

Geographical waiver Residing School District/Geography _____

A waiver can be valid for up to one school year (Sept 1st to Aug 31). Please check the box(es) for seasons of anticipated play:

- Spring season
- Summer season
- Fall season

Reason for waiver request: _____

Conditions placed on waiver request: _____

Initial to acknowledge conditions (if any): Player/Parent _____ Receiving Association _____

To be filled out by the PLAYER or PARENT

Name: _____ D.O.B.: _____

Address: _____

Phone Number: _____ Is this player rostered on another team? _____

Parent's Signature: _____

To be filled out by the RELEASING ASSOCIATION PRESIDENT

I hereby approve the above-named player participating with the Association indicated below for one season, with conditions as noted:

President: _____ Association: _____

Date: _____

To be filled out by the RECEIVING ASSOCIATION PRESIDENT

I hereby agree the above-named player participating with my Association for one season, with conditions as noted:

President: _____ Association: _____

Date: _____