

**Request of Medical Waiver for Junior Qualifying**

**Player Information**

Name: \_\_\_\_\_ Age Division: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Date of last practice: \_\_\_\_\_ Date of last match: \_\_\_\_\_

**Parent's Information**

Name: \_\_\_\_\_

Address and phone if different from above:

\_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Coach's Information**

Name: \_\_\_\_\_

Telephone numbers: \_\_\_\_\_

**Player's signature:** \_\_\_\_\_

**Parent's signature:** \_\_\_\_\_

**This form must accompany the Physician's statement and release of information.**