

Suburban Amateur Football League

"Youth Football Since 1966"



Request for Waiver

Name of Organization Requesting Waiver _____
Name of Player _____
Address of Player _____

Telephone Number _____
Player's Date of Birth _____
Grade & School Player is Attending in Fall _____
Name of Parents _____
Telephone Number _____
Email Address _____
Signature of Parent _____

Reasons for Waiver Request

(please check only one)

- Player lives in an area that does not participate in the SAFL**
 Player lives within the boundaries of an organization, but wishes to play for another

Briefly, list the reason why the player is seeking to play for a different organization:

Your request may be contingent upon the approval by the League Representative from the organization that your player would normally play for.

Signature of League Rep, if required by the SAFL Commissioner:

- Player is not yet in the third grade in the Fall**
Player must be eligible to play in your area in order to request this waiver.

All waivers must be signed by your league representative. All waivers must be received and approved prior to August 31st. Players may not start practice until the waiver has been approved by the Commissioner. If the league determines that an ineligible player has participated in league play, all games in which the player participated may be declared forfeit.

Signature of League Rep

Date