

2020 SYFL – Official Waiver Request

Program Requesting Waiver: _____ Division: _____

League Representative: _____

Type of Waiver Requested: _____ (AG) Age / Grade
_____ (LS) League Sanctioned

Player Information

Name: _____ Uniform Number: _____

Date of Birth: _____ Grade: _____ Weight: _____ Coefficient: _____

Reason for Request

Below Section is for Official Use

Approval

Commissioner: _____ Date: _____ Approved / Declined
(circle one)

Special Restrictions or Qualifications:
