DE Eagles JO Volleyball

WAIVER

Player Name: _____

Date of Birth: _____ **Current Grade:** _____

Current Age Category (Circle one) **11U** **12U** **13U** **14U** **15U** **16U** **17U** **18U**

I _____ (player's name), with the permission of my parent(s)

_____ request to play at the level indicated below.

Proposed Age Category (Circle one) **11U** **12U** **13U** **14U** **15U** **16U** **17U** **18U**

Please share with the coaches committee why a waiver is the best option for you and the team you wish to play for: (attach a separate sheet if needed)

_____

_____

_____

_____

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_____

REFERENCES: (Please provide 2 coaches who can be contacted)

1st Coach: _____ Number: _____

2nd Coach: _____ Number: _____

QUALIFICATIONS: Please check the box(es) that apply.

- ☐ I played on a higher team in the 2025 HS season.
- ☐ I played on a higher team in the 2024-2025 club season.

Player Signature: _____

Parent Signature: _____

Reviewed by DE Eagles JO Volleyball Director: _____

Reviewed by DE Eagles JO Volleyball Coaches Committee: _____

Decision: _____ Date: _____