

## *Age Waiver Application*

Please complete the following application entirely. If this application is approved, it will only apply to the following events: NCVA Sanctioned Premier and Non-League events, Presidents Day Tournament, Spring Classic Tournament, Spring Fling Tournament, Far Westerns Tournament – No Dinx Division, Bay View Classic, and The Real California Milk Classic). **You may not use this waiver for Power League, Far Western divisions receiving bids to USAVJNC and/or USAV Junior National Championships or the Golden State National Qualifier.**

*You will receive notification via email of the outcome of the request within 7 -10 business days.*

**To be completed by a Club Director – PLEASE PRINT CLEARLY**

Player Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade in School: \_\_\_\_\_ # of Years playing club: \_\_\_\_\_

Club Name: \_\_\_\_\_ Team player wants to play on (include age division): \_\_\_\_\_

What is the players playing experience? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why does the player want and/or need to play on this team? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Player Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Club Director's Name: \_\_\_\_\_ Club Director's Phone: \_\_\_\_\_

Club Director's Address: \_\_\_\_\_

Club Director's City, State, & Zip Code: \_\_\_\_\_

Club Director Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**NCVA OFFICE USE ONLY:**

Approved

Denied

Date: \_\_\_\_\_

**Age waivers may only be requested by a Club Director. Age Waivers may not be requested prior to tryouts by a parent.**