

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, Golden State Classic Tournament, March Madness, Spring Fling Tournament, Far Westerns Tournament (No Dinx Division), and the Bay View 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 Sierra National Qualifier.**

You will receive notification via email of the outcome of the request within 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.

