



Boundary Waiver Form

Player Information

Player's full name		
Address		
Phone		
Email		
Did this player live at the provided address last season?	Yes	No
Player's Current Grade		
Birthdate		
Current Team Level		
Player's Previous Club Affiliation		
Years Affiliated		

Provide the name of the club this player desires to play for this season: Elkhorn Kwik Stx

Describe concisely, the circumstances and subsequent reason(s) why a waiver request should be granted in this particular case and why the player should be allowed to play in a club other than his/her school team, or club that geographically corresponds to his/her full-time residence.

Elkhorn is the closest town that offers a lacrosse program.

Please read and accept the following agreement by signing below:

1. All information provided in support of this request is accurate to the best of my knowledge.
2. I understand that any misrepresentation of the facts or information found in question will immediately void any granted waiver.
3. I understand that participation in a game by any ineligible player will result in forfeiture.

Parent name: _____

Parent signature: _____ Date: _____

Return this form to the MAYLA League Commissioner by **February 15** of the current season.
commissioner@mayla.org

Adopted: August 29, 2013

Revised: August 13, 2019

Reference: Boundary Policy