

Twin Hills ASA Softball

Field Address
3001 Calle Abajo
San Diego, CA 92139

Mailing Address
P.O. Box 390638
San Diego, CA 92149

LEAGUE AGE WAIVER

This waiver applies only to the minimum league age restrictions. There is no waiver of the maximum league age permitted according to the local rules of Twin Hills ASA Softball

Name: _____

Previous team & division: _____

Desired division: _____

Date of birth: _____

Briefly state your reason why the player should be allowed to play up: _____

I/We, _____, as the parent/guardian of the above player understand that should approval be granted to play in the older age division, that said player will be facing older players and possibly more difficult competition than if she remained in her current age division.

I would like to request that she be permitted to play in the older age division as requested above. I also understand that by signing this waiver I release the league, players, coaches, board of directors, umpires and all those others representing the league of liability, if injury/death should occur, during any league function.

Signature: _____ Date: ____ / ____ / ____

*****DO NOT WRITE BELOW THIS LINE*****

Accepted Rejected

Comments: _____

Authorizing Signature: _____ Date: ____ / ____ / ____