

Great Lakes Region Age Waiver Request Form

To be sent to the Great Lakes Region office at age.waiver@glrvb.com by the **Club Director** **WITH** AGE WAIVER, player's full name, and team name in the **SUBJECT LINE**

Full Name: _____

Parent's Name: _____

Parent's E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Age Division Wanting to be Waivered to: _____

Year in School: _____

Name of School: _____

Reason this age waiver is requested: _____

If the age waiver is granted the parent/guardian would have to agree to the following provisions:

1. The age wavered player would only be allowed to participate in Great Lakes Region Events or other Region's events accepting age wavered players.
2. The player would not be allowed to play out of Region unless the club director receives prior written approval from that region.
3. The player being age wavered would not be allowed to participate in USAV Bid Tournaments, USAV Qualifiers and USAV National Tournaments.

Parent Signature: _____ Date: _____