

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

I am requesting my child be waived from their current, true age bracket to play in an age bracket with older children. I understand my request needs to be affirmed by a majority vote from the Cinnaminson Lacrosse Club's Board of Directors.

Child's Name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

*Please remit your completed waiver to Jason Burk or Vic Saberese ASAP.*

*A scanned copy of this waiver can be sent to registrar@cinnaminsonlacrosse.com.*