

WASHINGTON SCHOOLGIRLS LACROSSE ASSOCIATION
Sekou Spencer, VP – Youth league

YOUTH PLAYER (2nd – 8th) WAIVER REQUEST

Player assignment is dictated by WSLA Handbook Section XII.B.

A player that has been cut from a program may request a waiver to participate with another program. The request must be submitted by the player and her parents –all sections must be complete and any supplemental information must be received by WSLA no later than January 30, 2018. (Email to ED Erin Massena at admin@wslax.org .)

Player's Name: _____
Parent's Name: _____
Home Address: _____
Contact E-mail or mailing address: _____
Phone number: _____
School Player Attends: ___ Public ___ Private: _____
Grade: _____
School District for Your Residence: _____
Nearest Lacrosse Program to Your School: _____
Nearest Lacrosse Program to
your Residence within School District: _____
Nearest Lacrosse Program to
your Residence: _____
Desired Program: _____

Previous team(s) you have played on:
2018: _____
2017: _____
2016: _____

Reason for request: _____

**ALL REQUESTS SHOULD BE EMAILED NO LATER THAN JANUARY 30
TO WSLA Exec Dir Erin Massena at admin@wslax.org**