

Tualatin Valley Youth Football Waiver for Team Placement 2009

*THIS FORM MUST BE COMPLETED WITH ALL REQUIRED SIGNATURES AND BE
SUBMITTED TO A DIVISION PRESIDENT BY AUGUST 15, 2009 TO BE VALID*

Date _____
Player's Name _____
Home Association _____ Birthdate _____
Grade _____ Age _____ Years of Prior Football Experience _____

Reason for Upgrade or Transfer Request:

We hereby agree to the proposed change For the above named player:

Head Coach Signature (proposed team) _____

Parent/Guardian Signature _____

Home Association President _____

*New Association
President _____

(* Only if moving outside boundaries)

Date presented to Division President _____

- Approved**
- Denied**

TVYFL Division President Signature _____