Medical Waiver and Play Down request

Year for waiver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town Requesting Player Waiver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Player Grade: \_\_\_\_\_\_\_\_\_\_\_\_ Player DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player Statistics:

|  |  |  |
| --- | --- | --- |
| Year: |  |  |
| Height: |  |  |
| Weight: |  |  |
| Skill Level of Player:  |  |  |
| Team played for last year: |  |  |
| Record of last year’s team: |  |  |
| Any non CVYL teams i.e. summer club teams or indoor: |  |  |
| Any medical reasons that might suggest the player should be allowed to play down: |  |  |
| Number of years of lacrosse experience |  |  |

Rational for Waiver:

 □ Approved □ Denied