

WASHINGTON SCHOOLGIRLS LACROSSE ASSOCIATION
Kate Roper, President
president@wslax.org

HS PLAYER 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 prior to the end of the first week of the season. (Email to 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: _____
