

**WASHINGTON SCHOOLGIRLS LACROSSE ASSOCIATION**  
Kate Roper, President  
[president@wslax.org](mailto:president@wslax.org)

**HS PLAYER WAIVER REQUEST – 2018 season**

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](mailto: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:

2017: \_\_\_\_\_

2016: \_\_\_\_\_

2015: \_\_\_\_\_

Reason for request:

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