Little League Baseball and Softball Boundary Waiver Request Form

Date		L	eague ID #	
League Name			eague ID #	
League President				
League Mailing Address _	Street	City. State	Zip	
Division : Check One Level : 0				
□ Baseball	□ Tee Ball	□ Coach Pitch □	Minor League ☐ Major Lea	ague
□ Softball	□ Junior League	□ Senior League □	Big League	
The	Little	e League respectfully requests the	nat	
League Name	lowed to play Little Leagu	ue Baseball/Softball with full elig	Child's Name	
		Little League for the	season.	
League Na			Year	
League i resident	Signatu	ire		
Tou Chartar Committee				
To: Charter Committee:		, the parent or guardian	of	, date of birth
		allowed to play in the		
program with full eligibility privileges. We currently live in the boundaries of				Little League and wish
to have our son/daughter,	play in the	Little Leag	jue program.	
We reside at		-		-
This request is being made				
□ Work schedule and dri	iving distance to fields ar	e closer		
□ School and after school	ol care location are close	r to fields		
•	work schedule or transp	portation difficulties		
I fully understand that this	waiver, if approved is vali	id for one year only. It is also un the Little League International T		be granted to play
Approval is contingent of	on Charter Committee o	lecision which is final and bin	ding. This approval needs	to be obtained PRIOR
	to the	e player being selected to any	<u>r team.</u>	
Parent/Guardian Sign	nature	_	Date	
The league in which the fa	mily now lives hereby rel	eases all claims to the above na	amed player during the seaso	n(s) this waiver is valid.
Full eligibility	Regular Season C		, , ,	()
League Na	ame	League Number	President's Sig	nature
□ Agree □ Disagree	e			
Comments				
District Administrator				
Signature				Date