

# Tualatin Valley Youth Football Waiver for Team Placement 2010

*THIS FORM MUST BE COMPLETED WITH ALL REQUIRED SIGNATURES AND BE SUBMITTED  
TO A DIVISION PRESIDENT PRIOR TO VERIFICATION NIGHT TO BE VALID*

Date \_\_\_\_\_

Player's Name \_\_\_\_\_

Home Association \_\_\_\_\_ Birthdate \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Years of Prior Football Experience \_\_\_\_\_

## Reason for Upgrade or Transfer Request:

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## 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)

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Date presented to Division President \_\_\_\_\_

- Approved**
- Denied**

TVYFL Division President Signature \_\_\_\_\_