



REQUEST TO WAIVE AGE LIMIT AND RELEASE

PARTICIPANT'S AGE MUST BE WITHIN ONE YEAR OF A HIGHER AGE GROUP TO BE ELIGIBLE TO MOVE UP. (E.G. 9 YEAR OLD MAY REQUEST TO MOVE UP TO 10/11 AGE DIVISION). THE YOUTH & SPORTS PROGRAMS OFFICE RESERVES THE RIGHT TO DENY ANY REQUEST TO MOVE UP TO A HIGHER AGE GROUP.

_____, Parent, legal guardian or person having care, custody and control of
(Parent's Name)

the following child _____, for _____ requests that the
(Child's Name) (Type of Sport)

Recreation & Community Services Department waive the minimum age requirement for participation in the City of

Litchfield Park Youth Sports Program for the following reason(s):

- (a) This child will turn the minimum age during the playing season for the program that the child desires to participate in.
- (b) This child has played at least two prior consecutive seasons in the same sport as this waiver is requesting.
- (c) This child's weight is _____ and height is _____, which is closer in size and weight to participants in the _____ age group.
- (d) Other:

By making this request, I understand that my child will be playing Youth Sports with children of an older age. There may be greater chances of accidental injury to my child than with children of the older age group. The City provides coaching and supervision appropriate to the age of the child. I understand that my child will be playing Youth Sports with children who may be physically, emotionally and mentally more mature than my child.

By making this request, I understand that I am responsible for consulting with any medical, psychological or other professional providers, regarding the consequences of permitting my child to participate in the Youth Sports Program, based on a waiver of the minimum age requirement.

By signing this request, I agree to release the City of Litchfield Park, Arizona, its elected and appointed officials, employees, agents and contractors from any liability arising out of the granting of this application. By making this release, I am waiving and releasing, on behalf of my child, myself and my spouse, any right to a claim against the City and a trial of such claim before a judge or jury, including but not limited to the right to obtain discovery and call and examine witnesses in such a proceeding.

My signature below indicates that I have read and understand all the provisions of this request and releases.

Date

Name of Child

Parent Name (Printed)

Signature of Parent, legal guardian
or person having care, custody and control of child.

Daytime Phone Number