

# *AAU Athlete Age Waiver Form*

Athlete

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete's Date of Birth: \_\_\_\_\_ Age Division: \_\_\_\_\_

Club: \_\_\_\_\_

Club Contact

Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ FAX#: \_\_\_\_\_

Explanation of athlete need for waiver:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Received: \_\_\_\_\_ Tournament Date: \_\_\_\_\_

Tournament Director: \_\_\_\_\_

***ACCEPTED***

***DENIED***

Please e-mail to [allredc@billings.k12.mt.us](mailto:allredc@billings.k12.mt.us) or mail to:

Craig Allred, Volleyball Chair

1708 High Sierra Blvd

Billings, MT 59105,

***\*\*All waivers are considered on a case-by-case basis\*\****