



LITTLE LEAGUE® BASEBALL AND SOFTBALL

Regulation IV(h) Waiver Claim Form

Date: _____

League Name: _____ League ID#: _____

League President: _____

Division (Check One)	<input type="checkbox"/> Baseball	Level (Check One)	<input type="checkbox"/> Tee Ball	<input type="checkbox"/> Major/Little League	<input type="checkbox"/> Junior League
	<input type="checkbox"/> Softball		<input type="checkbox"/> Coach Pitch	<input type="checkbox"/> Intermediate (50/70)	<input type="checkbox"/> Senior League
	<input type="checkbox"/> Challenger		<input type="checkbox"/> Minor League		

Regulation IV (h)

If a person had previously resided within the league boundaries for two years while serving that league as a dedicated manager, coach or member of the Local League Board of Directors for two years, his or her sons and/or daughters are eligible to try out and be selected by teams in that league (1) provided such service to the league from which the person has moved has continued, (2) subject to written agreement from the league within whose boundaries they currently reside and (3) supported by a recommendation of the District Administrator, to Regional Director to the Charter Committee.

Player's Name: _____

The parent(s) of _____ previously lived within the league boundaries of the league for two or more years and has/have served during those two years and every year since then as a dedicated volunteer manager, coach or board member.

Former Address within boundaries: _____
Street City State Zip

List years of service: _____
(Must fill in two spaces)

2. The parent(s) of _____ have moved outside the league boundaries and will continue to serve as a manager, coach or board member in the league while their son/daughter participates.

List years of service _____
(Years of service must be continuous)

3. The league in which the family now lives already waives all claim to player during the time period this waiver is valid.

(League Name) (League Number) (President's Signature)
Current address outside boundaries: _____
Street City State Zip

Verification: League President: _____
(Signature) (Name)

District Administrator: _____
(Signature) (Name)