

# Little League® Residency Waiver Request Form

Charter Case No. DA

For regional use only

1.

Player's Name: \_\_\_\_\_ League Age: \_\_\_\_\_

\_\_\_\_\_ residence - street address of parent(s) or legal guardian (not a P.O. box), city, state (or province) and ZIP or postal code

2.

## Certification by Local Little League Requesting the Waiver

I am the president of \_\_\_\_\_ Little League (League No. \_\_\_\_\_). The parent(s) or legal guardian of the player named in Box No. 1 above do not reside within our league's boundaries. Because of the reasons outlined on the attached letter from me, the player named in Box No. 1 above wishes to participate in our league. On behalf of the board of directors of my league, I am requesting that this player be permitted to participate in our league for the current Regular Season only. I understand that if this waiver is granted by the Charter Committee, the player named in Box No. 1 above will not be eligible for selection to a Tournament (All Star) Team for such current season.

(Signature and date) \_\_\_\_\_

3.

## Certification by Local Little League in Which the Parent(s) or Legal Guardian Reside

I am the president of \_\_\_\_\_ Little League, (League No. \_\_\_\_\_) in whose boundaries the parent(s) or legal guardian of the player named in Box No. 1 above reside. On behalf of the board of directors of my league, I do \_\_\_ do not \_\_\_ agree to release any claim to the player named in Box No. 1 above for the current season. I understand that if this waiver is granted by the Charter Committee, the player named in Box No. 1 above will not be eligible for selection to a Tournament (All Star) Team for such current season. (Note 1: If the president does not agree to release any claim on the player, a separate sheet explaining the reasons therefore should be attached. Note 2: If the parent(s) or legal guardian do not reside in the boundaries of any local Little League, this section does not need to be completed.)

(Signature and date) \_\_\_\_\_

4.

## Notarized Statement by Parent(s) or Guardian of Player Named in Box No. 1 Above

I / We the parent(s) or guardian(s) of the child named in Box. No. 1 above are requesting that such child be permitted to participate for the current season in the local Little League named in Box. No. 2 above. I / We understand and agree that this waiver, if approved by the Charter Committee, is for REGULAR SEASON PLAY ONLY, and that the child named in Box No. 1 above IS NOT ELIGIBLE for selection to any Tournament (All Star) team in the Little League program.

\_\_\_\_\_  
Signature of parent(s) or guardian(s) of the child named above Date

\_\_\_\_\_  
Signature of parent(s) or guardian(s) of the child named above Date

\_\_\_\_\_  
Notary Public Signature Date

My commission expires on: \_\_\_\_\_

**Important Notice – A statement from the District Administrator must accompany this request.** This waiver does not take effect until this form (completed, notarized, received and filed at the Regional Headquarters, along with the DA's statement) is approved in writing by the Regional Headquarters.