EYAA
EPPING YOUTH ATHLETIC ASSOCIATION
PO Box 472 | Epping | NH | 03042

Participation Waiver Form

Player First Name:

Player Last Name:

Player Date of Birth:

Player Age/Division:

Parent/Guardian First Name:

Parent/Guardian Last Name:

Current Home Address:

Email:

Phone:

Select Sport(s) ☐ Baseball ☐ Softball ☐ Soccer ☐ Basketball ☐ T-Ball

Does your town have a program for this sport/age group? ☐ Yes ☐ No

Reason for Waiver (check all that apply)

☐ Home town does not offer this sport/age group

☐ My child attends a school in _____ and will eventually attend Epping Middle/High School

☐ Other (please describe): _____

Please explain why you are requesting to play with EYAA:

I understand that EYAA waivers are granted case-by-case, based on space availability and Board review. I will comply with all EYAA Codes of Conduct and policies if approved.

Parent/Guardian Signature: _____

Please mail this form or bring it to an EYAA meeting:

EYAA
PO Box 472
Epping, NH 03042

BOARD USE ONLY

- **Date received:** _____
- **Reviewed by:** _____
- **Decision:** □ **Approved** □ **Denied**
- **Date communicated to family:** _____