



PARENTAL REQUEST FOR AGE SPREAD WAIVER

I _____, Parent or

Guardian of _____

acknowledge and understand the USFL recommended maximum age spread for youth athletes as listed below:

- 2 year maximum age differential for athletes younger than high school age.
- 3 year maximum age differential for high school age athletes.

A waiver to bypass these parameters are only recommended when there are no other eligible athletes within the maximum age spread and that the younger athlete possess a high level of skill mitigating the risk of this age disadvantage.

Having been advised of these maximum parameters, I hereby request a waiver for my athlete to compete in a circumstance that exceeds these recommended guidelines.

I acknowledge that I have the legal consent to make such a request and in doing so I have the best interest of my athlete and in consultation with his/ her coach, have full confidence in my athletes ability to competitively & safely compete at the age of:

_____ against the age of _____.
(My Athlete) (Opponent)

If approved, I pledge that I will not exploit the parameters of this match as an excuse or complaint regardless of outcome of said contest.

NAME:

DATE:

SIGNATURE: