

GMYFC Player Exemption Form

Players Name _____

Players Address _____

Players School District * _____

Organization Requesting the Exemption _____

Reason for Exemption

☐ Player is on the Organizations original roster during their Inagural Season

Organization

Name of the Organization

Year

Year that the Organization entered the GMYFC

☐ Family Legacy

Sibling

Name of the sibling

Organization

Name of the Organization the sibling played for

Year

Year that the player appears on the roster

☐ Parent Works for the School District

Name

Name of parent employed by the district

Address

Address where the parent is employed

Contact

Phone number to confirm employment

☐ Other
Explain

Use back if necessary

☐ Approved

Commissioners Signature

Date

* If this is a GMYFC District / That team's League Rep must sign.

Date