

**Arizona Region of USA Volleyball
Age Waiver Request Form**

Date Received _____

By _____

Please type or print the information below. All lines must be completed to be considered. Submit this Age Waiver Request to the Arizona Region PRIOR to accepting this player as a member of your club for placement on this team. Submittal of an Age Waiver Request DOES NOT guarantee approval. Placement of a player with an Age Waiver on a team roster may only be done after approval by the AZ Region Registrar. All info below is REQUIRED info from the club. Any missing info will delay the processing of this request.

1. Player Name: _____ Current Season _____
2. Club Name: _____
3. Club Director Name & Email address: _____
4. Name of the team on which you would like this player to play: _____
5. In what division is this team registering? Age Group? _____ Competition Division? _____
6. Have you requested any age waivers for this team already? Max of 2 considered _____
7. Is this team your highest ranked team in this age group for your Club? _____
8. Does your Club have lower ranked teams in the correct age division? _____
9. Is this team going to travel to qualifiers or interregional tournaments? _____
10. Name of the Coach for this team? _____
11. What is this player's date of birth? _____ What Grade in School? _____
12. What is the start date for the age category desired? On or after July 1, _____
13. Did this player play club last year? If yes, for what club? _____
14. Explain, in detail, why this player should be granted a waiver: _____

I certify that the above information is accurate and statements are true. I understand this form must be **submitted and approved BEFORE** the player requesting the age waiver is guaranteed placement on the underage team. **I understand that this player will not be allowed to participate in any national qualifying or championship tournaments with this team in this age category. In the Arizona Region, a maximum of two players with an age waiver will be considered per team in the Boys Division or the Girls Club Division only and must first be approved by the Arizona Region Registrar.** I request that this player be allowed to participate on this younger age team in Arizona Region tournaments only. I understand if the request is denied, the team will be required to register and play in an older age competition division to accommodate this player unless the player is moved to an appropriate age team.

Club Director Printed Name _____ Signature _____ Date _____ Rev 7/18/24

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| For Region Use Only: | <input type="checkbox"/> | Approved | <input type="checkbox"/> | Denied | Date Reviewed _____ | By _____ |
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