



REQUEST TO PLAY OUTSIDE OF ELIGIBLE AGE

Club: _____

Players Name: _____

Players Date of Birth: _____ Players Current Age Division: _____

Team to be granted permission to play with: _____

Reason for Request:

I acknowledge that playing at a different age level may subject my child to play against older players having a physical advantage.

Parent / Guardian Name: _____

Signature: _____ Date: _____

CLUB PRESIDENT / SECRETARY / REGISTRAR APPROVAL

Signed: _____ Date: _____

FQ OFFICE USE ONLY

Approved Signed: _____ Date: _____