

2019-2020 OKRVA Waiver Request Form

(Request and Form should be completed by Club Director)

Name of Player: _____ DOB _____

2018-19 Club/Team (be specific) _____ OKRVA Member # _____

Club/Team Requesting to Play on: _____

Does Requesting Club Have Multiple Teams in the Requested Age Division? _____

Club Director Name _____ Email _____ Phone _____

Reason requesting the waiver:

Will this player make a significant impact on this team (are they the best player)?: Yes No

Please list all proposed players for this team and include the club team they played for last year.

1. _____

6. _____

2. _____

7. _____

3. _____

8. _____

4. _____

9. _____

5. _____

10. _____

Signed as true and correct: _____ Date: _____

Club Director

NOTE – OKRVA reserves the right to move team with waived player(s) up to correct age division based on results if deemed necessary. Teams with waived players must provide monthly results by the last day of January, February, and March. Results must be emailed to rankings@okrva.com. Failure to provide these results will preclude teams from participating in the OKRVA Regional Championships. Teams will be notified the first week of April of their playing age for the remainder of the season to include the OKRVA Regional Championships. Once this is determined all players on the team are allowed to participate in the OKRVA Championships at the age determined by the region office.

Waiver Approved / Not Approved _____

Shawn McCarty, Commissioner