2023-2024 OKRVA Waiver Request Form

(Request and Form should be completed by Club Director and emailed to okrva@cox.net)

Name of Player:		DOB	
2022-23 Club/Team (be specific)		OKRVA Member #	
2023/2024 Club & Team (include Team Co	ode) Requesting to Play o	on:	
Does Requesting Club Have Multiple Team	ns in the Requested Age	Division?	
Club Director Name	Email	Phone	
Reason requesting the waiver:		_	
Will this player make a significant impact of	on this team (are they th	ne best player)?: Yes No	
Please list all proposed players for this tea	m and include the club t	team they played for lastyear.	
1	6		
2	7		
3	8		
4	9		
5	10		
Signed as true and correct:		Date:	
Club Director			
results if deemed necessary. Teams with v	vaivered players have th	player(s) up to correct age division based on aree options to play in Regionals. 1) Play in sion of the oldest player on the team; 3) Play	
Waiver Approved / Not ApprovedShawn N	McCarty, Commissioner		