

COLUMBIA EMPIRE VOLLEYBALL ASSOCIATION
www.columbiaempirevolleyball.com
2011-2012 AGE WAIVER APPLICATION

Please complete the following application entirely. The CEVA Commissioner will review the application. If the age waiver is granted, it will only apply to **COLUMBIA EMPIRE VOLLEYBALL SANCTIONED TOURNAMENTS**. This age waiver **does not** apply for tournaments outside of the Columbia Empire Volleyball Region. If granted, the applicants **club coach** will receive a copy of the age waiver **which must be with him/her at all times when competing in Columbia Empire Volleyball sanctioned tournaments**.

SECTION ONE – To be completed by a Parent/Guardian

Applicants First Name: _____ Last Name: _____

Parents First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Email: _____

Applicants Birth date: ___/___/___ School Attending: _____ Grade in School: _____

If applicant is in high school, please circle which level she played for high school volleyball:

Varsity Junior Varsity "C" Team Freshmen Team

Previous Club: _____ Previous Club Coach: _____ Phone #: () _____

Number of Years Playing Club: _____

Please explain why you are requesting an Age Waiver: _____

I understand if the age waiver is granted, it will only apply to the Columbia Empire Volleyball Associations Sanctioned Tournaments.

_____ Parent Signature _____ Date

_____ Applicants Signature _____ Date

SECTION TWO – To be completed by Club Coach/Director

Club Name: _____ Team Name: _____

First Name: _____ Last Name: _____ Phone #: () _____

Did the applicant play for your club last year? Yes No

Have you coached the applicant before? Yes No

Was the applicant a starter for your team/club last year? Yes No

Was the applicant a dominant player for your team/club last year? Yes No

Will the applicant have a great impact for your team/club this year? Yes No

Will the applicant's club team be competing in National Tournaments? Yes No

Please list National Tournaments attending: _____

I understand if the age waiver is granted, it will only apply to the Columbia Empire Volleyball Associations Sanctioned Tournaments.

_____ Club Coach/Director Signature _____ Date

Please return to: Columbia Empire Volleyball Association
4840 SW Western Ave., Beaverton, OR 97005
Fax: 503-520-0242

OFFICE USE ONLY		
Waiver: _____	Accepted _____	Denied _____