

**WAIVER REQUEST – JUNIOR PLAYER**  
**To be filed by requesting club director – Fax or mail to:**

Waiver Committee  
Nancy Funk  
7906 Ferndale Rd.  
Louisville, KY 40291  
Fax – 502-290-9480 or email – NFunk@insightbb.com

---

**JUNIOR PARTICIPANT NAME**

---

**Street Address**

---

**City**

**State**

**Zip**

---

**DATE OF BIRTH**

**SCHOOL GRADE**

**YES**

**NO**

---

**Grade, Middle or High School Attends**

**Played Club ball before?**

**YES**

**NO**

---

**CLUB NAME**

**Player had a waiver before?**

---

**Age of team will be playing on**

**Age of team eligible for**

**WHY ARE YOU REQUESTING THIS WAIVER?**

---

---

---

**Remember**

- 1. No player with a waiver may participate in any National (USAV/AAU) event**
- 2. The tournament director of any event in which the team participates must be notified that the team has a waived player.**
- 3. Waivers are good for only one season**