Little League® Residency Waiver Request Form

Charter Case No.	DA
For regional us	se only

1	Player's Name:	League Age:	
	residence - street address of parent(s) or legal guardian (not a P.O. box), city,	state (or province) and ZIP or postal code.	
2	Certification by Local Little League Requesting Waiver		
I am the president of			
3	Certification by Local Little League in Which Parent(s) or l	Legal Guardian Reside	
I am the president of			
A Notarized Statement by Parent(s) or Guardian of Player Named in Box No. 1 Above I/We the parent(s) or guardian(s) of the child named in Box No. 1 above are requesting that such child be permitted to participate for the current season in the local Little League named in box No. 2 above. I/We understand and agree that this waiver, if approved by the Charter Committee, is for REGULAR SEASON PLAY ONLY, and that the child named in Box No. 1 above IS NOT ELIGIBLE for selection to any Tournament (All Star) team in the Little League program.			
Signa	ture of parent(s) or guardian(s) of the child named above	Date	
Signa	ture of parent(s) or guardian(s) of the child named above	Date	
Notar	y Public Signature	Date	
My commission expires on:			

Important Notice - A statement from the District Administrator must accompany this request. This wavier does not take effect until this form (completed, notarized, received and filed at the Regional Headquarters, along with the DA's statement) is approved in writing by the Regional Headquarters.