AGE DIVISION WAIVER

CHILD'S NAME	AGE
I, THE PARENT OF THE ABO MY CHILD BE PL	VE NAMED CHILD DO HEREBY REQUEST THAT ACED IN A HIGHER AGE DIVISION.
CURRENT	REQUESTED
AGE GROUP	AGE GROUP
CHILD WILL BE PLAYING W RISK OF INJURY WILL BE RELEASING THE CAMDEN O LEISURE SERVICES, CITY O	ENT STAFF HAS MADE IT CLEAR TO ME THAT MY ITH OLDER CHILDREN AND, THEREFORE, THE GREATER. I AM HOLDING HARMLESS AND COUNTY BOARD OF COMMISSIONERS, CCPSAF KINGSLAND, CITY OF ST. MARYS, CITY OF SAND COACHES FROM ANY LIABILITY DUE TO OLDER AGE GROUP.
THIS DAT	E:
PARENTS SIGNATURE	
APPROVED BY:	A FETTO OCCUPANTA TO D
ATH	LETIC COORDINATOR