



WAIVER REQUEST

Expiration Date \_\_\_/\_\_\_/\_\_\_

- This is a request for your child/children to be allowed to play outside of their home playground district. No one is authorized to participate out of his/her playground, including practice, until the Waiver Committee grants approval. Proof of residency (driver's license or current utility bill) required upon submission of this document.

Date \_\_\_\_\_
My child/children currently resides in \_\_\_\_\_ playground's district. I would like to request that he/she/they be allowed to participate at \_\_\_\_\_ playground.
Is this request due to residency relocation? [ ] YES [ ] NO If yes, date moved \_\_\_/\_\_\_/\_\_\_ from what plgd. District \_\_\_\_\_
Previous address \_\_\_\_\_
Previous sport participation (including years) \_\_\_\_\_

PARTICIPANT INFORMATION (only those listed will be waived - no additions allowed after submitting request/approval):

Table with 5 columns: Name, Age, Date of Birth, Last playground participated, School attending. Contains 4 rows of participant information.

Address of child/children \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

PARENT/GUARDIAN INFORMATION

Father's name \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_
E-Mail \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
Place of Employment \_\_\_\_\_ Work phone \_\_\_\_\_
Work hours \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_
Mother's name \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_
E-Mail \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
Place of Employment \_\_\_\_\_ Work phone \_\_\_\_\_
Work hours \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_
If parents are separated/divorced, who is designated as the custodial parent? \_\_\_\_\_

Jefferson Parish Department of Recreation
Waiver Policy

- Certain conditions exist for those waivers granted for those who feel that their particular situation justifies consideration for a waiver. If approved, the following will apply:
A. Participant must sit out the first two (2) years of All-Stars from the date of waiver approval and/or when the participant becomes eligible for any JPRD All-Star program. All-Stars for Baseball, Softball, Volleyball, Soccer, and Basketball begin at age 9.
B. For track (applies to all ages), the participant cannot participate in District, Bank-wide or Parish-wide meets for two (2) years from the date of waiver approval.
C. Participant will be ineligible to participate in any of the traveling programs for two (2) years from the date of waiver approval. This will include Football (Minors, Juniors, and Seniors), Biddy Basketball, Dizzy Dean/Dixie Baseball and Babe Ruth Softball.
D. For Cheerleading, participant will be ineligible to participate in the Spirit Bowl for two (2) years from the date of waiver approval.
E. Waivers must be renewed each year. Anyone, with an approved waiver living in the incorporated areas of Jefferson Parish (Kenner, Harahan, Gretna, and Westwego) must pay an annual fee of \$50. For those living in the unincorporated areas of Jefferson Parish, there will be no charge. The waiver will become invalid if the waiver and/or fee is not received in our office by the Expiration date, and the individual will be ineligible to re-apply.
F. Waivers for Kenner residents will be for intramural seasons and fun meets only. Those waived participants will not be eligible for All-Stars or Travel teams (Football, Biddy Basketball and Teen Baseball).

You must have your JPRD home playground supervisor complete this section. (Playground you are requesting to be waived FROM)

Approval  Disapproval Signature of home playground supervisor \_\_\_\_\_

**WAIVER CHARGES (Make checks payable to JPRD) :**

Unincorporated residents: .....No charge

Residents outside unincorporated Jefferson (Including Kenner, Harahan, Westwego, and Gretna):.....\$50 annually

**PARENT/GUARDIAN ACKNOWLEDGEMENT:**

Initial each to acknowledge that you fully understand each of the following:

\_\_\_\_\_ I acknowledge that all the information I have given on the registration form and this waiver is true and correct.

\_\_\_\_\_ I/We, applicants for a waiver from the Jefferson Parish Department of Parks and Recreation (JPRD), authorize JPRD to seek and obtain whatever records JPRD might require to determine my/our residency in unincorporated Jefferson Parish, specifically at the address stated herein and on my child's registration form, or to confirm my/our child's age. The records I/we herewith release include, but are not limited to: birth records, school records and any record with a public utility, or voter registrar. I hereby waive any privilege granted by law against the release of such records and hereby authorize the custodian or holder of such records to release said record(s) to JPRD, without reservation.

\_\_\_\_\_ I/We acknowledge that should any inquiry into residency or date of birth reveal that either my child's registration form or this waiver application has been completed using fraudulent information, or other than the actual birth date, SAID REVELATION WILL RESULT IN THE IMMEDIATE DISQUALIFICATION OF MY CHILD TO PARTICIPATE IN ANY JPRD PROGRAMS OR ACTIVITIES FOR A PERIOD OF ONE (1) YEAR AND ONE (1) SPORT; OR IN THE CASE OF FRAUDULENT RESIDENCY INFORMATION, MY/OUR WAIVER REQUEST IS AUTOMATICALLY DENIED AND MY/OUR CHILD (CHILDREN) IS IMMEDIATELY DISQUALIFIED FROM PARTICIPATION IN ANY JPRD PROGRAMS OR ACTIVITIES FOR A PERIOD OF ONE (1) YEAR AND ONE (1) SPORT.

\_\_\_\_\_ **If approved, I understand that it will be my responsibility to reapply prior to the expiration date on the reverse side of this form. If the application and fee (if applicable) are not received into our office by the expiration date then this waiver will become invalid and you will be ineligible to reapply.**

Date \_\_\_\_\_ Signature of Parent/Guardian (only) \_\_\_\_\_

**FOR OFFICE USE ONLY:**

**PROOF OF RESIDENCY:**

Current Driver's license of parent/guardian. (If license does not have current valid address, additional utility bill required).

Address shown on driver's license \_\_\_\_\_ License No. \_\_\_\_\_

Current home utility bill Last 4 digits of utility bill account no. \_\_\_\_\_

Above information verified by \_\_\_\_\_ Job Title \_\_\_\_\_ Date \_\_\_\_\_

PAYMENT )If applicable, must be made upon submission of this waiver request – If denied, funds will be refunded)

Amount paid: \$ \_\_\_\_\_  Cash  Other \_\_\_\_\_ Received by \_\_\_\_\_ Date \_\_\_\_\_

**WAIVER COMMITTEE:**

This waiver has been  Approved  Denied

Waiver Committee initials: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Waiver Committee comments: