SCHOLARSHIP APPLICATION
AYSO Region 140 and Capital Soccer Club

Please use this form to request a waiver fom the requirement that all Spring season AYSO players must have been enrolled in the preceding Fall AYSO season and played at least half of the regular season matches with their fall team. All Spring season coaches are made aware of this rule, prior to team selection or try outs.

This requirement is difficult for us to waive, and typically will only be considered for very particular reasons:

New to the region since the fall season
Was injured and could not play in the fall season
Family issues prevented play in the fall season
Other extenuating circumstance (explain in detail below)

Player name: _____ Birth date: _____

Age/Gender/Coach: _____

Parents/Guardians name: _____

Address: _____

_____

Telephone: _____ email: _____

Justification for waiver (be as detailed as possible):

By my signature below, I affirm that the above statement is true and I understand that this waiver petition may not be granted.

_____
Signature of parent or guardian date

_____

Please fax to: Ralph Johnson, Area Director 888-9555 (fax)
and Eric Ingbar, Regional Commissioner 885-2305

Area Director Decision: ___ Waiver granted ___ Waiver denied Signature: Date:

***If granted**, the player must present a signed player application to the regional registrar, along with a registration check of $35 made payable to AYSO Region 140 ($35 for regular registration).*

Area Director: Decisions can be faxed to Eric Ingbar 885-2305