



# **CENTRAL FLORIDA HIGH SCHOOL HOCKEY LEAGUE TEAM WAIVER**

School/Team Name: \_\_\_\_\_ Date: \_\_\_\_\_

Head Coach/Team Manager: \_\_\_\_\_

## ELIGIBILITY/TEAM WAIVERS:

The CFHSHL Board may grant players/teams a limited number of waivers for any exceptions to the eligibility/league rules to participate in the CFHSHL.

- All waivers granted are for one (1) year/season only.
- Waivers shall be signed by the seeking party and/or the Head Coach/Team Manager
- Reapplication must be made and reviewed each year.
- The number of waivers is at the sole discretion of the CFHSHL Board of Directors. The CFHSHL Board of Directors decision shall be final.
- Any Deadline for applicable waivers shall be at the discretion of the CFHSHL Board of Directors

**Please summarize the waiver you are seeking from the CFHSHL Board for the current season:**

## Seeking Party:

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Sign

Sign