CSAA PLAYER WAIVER FORM

School _____ Date_____

Sport_____ Team: MS _____ JV_____ Varsity_____

Player Name_____

Player is on what Team _____ (Please Circle) Starter or Non-Starter

Request to move Player to what team: _____

Purpose for the Request:

Athletic Director: _____ Date: _____

CSAA EXEMPTION POLICY

- Allowed for injury or illness
- Starters may not move down levels
- Only bench players eligible for reassignment
- Athletic Director must fill out the CSAA Waiver form and email to **barker06@msn.com**
- CSAA will send a written CSAA approval or disapproval within 24 hours
- Requests for tournament play must be within 12 hours post-seeding meeting

CSAA President _____ Date_____

Approved or Disapproved