

Kirkland National Little League Exception Request Form

As their parent/guardian, I formally request that		born on
, of Little League Age the division designated by Kirkland National L		down □ from
☐ I understand that requesting my child play of Player Agent and must be approved by both the Administrator. If they are approved to play down pitching within certain divisions.	e KNLL President and in certain case	s the District 9
☐ I understand that requesting my child play understand the play u	gent and Program VP. Advisement is Majors, or Softball Coast, Majors, or	based upon
☐ I acknowledge that if my child is moved up by KNLL, that they may now be on the lower compared to other players within that division. this division level and assist with any challenge	end of the scale of both physical and of agree to work with their manager t	emotional maturity as
Please return this form to the Player Agent before	ore the first evaluation takes place.	
Current Division: Rec	Requested Division:	
Parent's Name (Please Print):		
Email Address:		
Home Phone: Cel	ll Phone:	
Parent's Signature	Ī	Date
Player Agent Signature	Yes □ No □	Date
Program VP Signature	Yes □ No □	Date
KNLL President Signature	Yes □ No □	Date