



40250 Dodge Park Road, Sterling Heights, MI 48313
586-446-2700 recreation@sterling-heights.net

AGE WAIVER POLICY

Sterling Heights Parks and Recreation (SHPR) Department's policy is that youth play on teams in their age appropriate age bracket.

An Age Waiver may be requested by a parent/guardian should their child have a specific physical, social or emotional impairment that would make it unsafe for the youth to play at their age appropriate level.

Age Waivers to move down an age bracket are granted on a case-by-case basis. To request an Age Waiver, (a) parent(s)/guardian(s) must submit an Age Waiver Request Form to SHPR prior to the established deadline. No age waivers will be accepted after the determined deadline even if practices have not started.

Evaluation Criteria

An Age Waiver is ONLY appropriate when it is determined that it is **unsafe** for a player to participate in their age appropriate age bracket, **AND** it is determined that allowing that player to "play down" in a younger age group will not pose safety concerns for their fellow players at that level.

An Age Waiver is NOT appropriate when requested for the following reasons:

- Youth misses age cutoff date
- Youth wants to play with friends
- League does not have a team at the age appropriate level. (Players will be assigned up a level.)

Youth **CANNOT** be placed on a team, practice or play at a lower age level until SHPR completes the Age Waiver evaluation.



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AGE WAIVER REQUEST

Sterling Heights Parks and Recreation Youth Sports Programs

Athletes' Name: _____ DOB: _____

Physical Address: _____

City of Residence: _____ Phone Number: _____

Current grade level in School: _____ Current Coach: _____

Sports Program (circle only one): **Baseball** **Softball** **Basketball**

(A separate Age Waiver Request is required for each season)

Athletes' age appropriate level of play: _____

Request: _____

Specific Reason(s) for Request: (Please provide information on why the youth is unsafe to play at their age-appropriate level. Additional forms and supporting documents may be attached.)

Parent/Guardian Signature _____

Date _____

For Department Use Only

- i. SHPR received Waiver Request on _____ Date _____
- ii. SHPR conducted Evaluation on _____ Date _____
- iii. SHPR announced Findings on _____ Date _____

Waiver Request was **APPROVED** (circle one) **DENIED**
Reason(s) for above action: _____

Evaluator: _____

Date: _____

Director Approval: _____

Date: _____