

REQUEST FOR WAIVER FROM AGE RESTRICTION

TEAM NAME: _____

SWIMMER NAME: _____

SWIMMER DATE OF BIRTH: _____

AGE (AS OF MAY 31): _____

SCHOOL AND GRADE (OR GRADUATION DATE): _____

REASON FOR REQUEST FOR AGE WAIVER: _____

NAME AND CONTACT INFORMATION FOR PERSON MAKING REQUEST: _____

APPROVED BY (GKAISA PRESIDENT): _____

DATE: _____

REQUESTS FOR APPROVAL MUST BE SUBMITTED TO GKAISA PRESIDENT AT
anystrom@tennessee.edu AT LEAST 5 DAYS BEFORE MEET IN WHICH SWIMMER MAY SWIM.