



# FORM #4 FEE WAIVER REQUEST

Player Last Name		First Name		
Street Address		City	OHIO	
Age		Date of Birth		
School		Grade		
Parents/Guardians Name(s)				
Home Phone	Cell Phone		Work Phone	
Email Address				

## WAIVER REQUEST

As the parent/guardian of the player named above, I hereby certify I am currently receiving benefits from Ohio Department of Job & Family Services and therefore request that the registration fees be waived. I authorize the Ohio Department of Job and Family Services to release information to Athens Sandlot Baseball to verify receipt of said assistance.

\_\_\_\_\_

Signature (Parent/Guardian)

\_\_\_\_\_

Date

\_\_\_\_\_

ABS Use Only:

Check if Proof of ODJFS Provided

Checked by: \_\_\_\_\_