



IMPACTYBL PLAYER EXEMPT FORM

First Name: _____

Last Name: _____

Date of Birth: _____ Age: _____

School that the child attends: _____

Basketball Experience:

Years Played: _____

Division that the child wishes to play in: _____

Team requesting to play on: _____

Player Circumstances and Reason for Request: (Health Issues if applicable).

Office use only:

Date:

Approved: Y/N