



**Player Injury – Financial Obligation Waiver Request Form**

Player Name: \_\_\_\_\_

Player's Team and Coach: \_\_\_\_\_

Requestor (circle one): Coach/Family. Name: \_\_\_\_\_

Reason for Request/Injury Date: \_\_\_\_\_

Event Type (NorCal League – Fall, Winter, Spring, and State Cup, US Club Regional and related matches, Team-approved Tournaments):

\_\_\_\_\_

Medical Recommendation & Documentation of Months to be missed: \_\_\_\_\_

Medical Point of Contact (Name & #): \_\_\_\_\_

Injury Type: \_\_\_\_\_

**Financial Obligation Waiver Request Approval**

Director of Administration and Finance Approval (signature): \_\_\_\_\_

**Player Return Date/Status:** \_\_\_\_\_

**Player Status (Date/Notes/Supporting Medical Documentation/Attachments)**

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