

2024 Hardship Transfer Request

Please fill out all information on this form. By filling out this form, it is not guaranteed that you will be offered a Hardship and any approval for a Hardship is done on a year by year basis. All requests must be reviewed by both associations and require approval by the WVYFC League. Hardship requests are only approved in very limited circumstances.

ASSOCIATION PRESIDENT USE ONLY:

- Hardship request due to current association not having enough players to field a team for level of play. (No parent signature needed)

ATHLETE INFORMATION:

Athlete Name: _____

Current Residence Address: _____

School Attended (Spring): _____

School Attending (Fall): _____

Grade Level (Fall): _____

Did Athlete play in the previous season? Yes / No If so, for what association? _____

Association athlete is requesting to play in under Hardship: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____

Phone #: _____

Email: _____

By signing this request, you acknowledge that all information provided as part of this request is accurate and truthful. Omissions and/or dishonesty could lead to the athlete being deregistered for the current season and any played games becoming forfeits. League and association refund policies apply.

Parent/Guardian Signature: _____

Please describe reason for Hardship Transfer request in detail: (Include proof of enrollment if athlete is changing schools)

WVYFC USE ONLY: HARDSHIP TRANSFER MUST BE APPROVED BY LEAGUE

President 1: _____

Date: _____

President 2: _____

Date: _____

League Signature: _____