AGE REQUIREMENT EXCEPTION

Today’s Date: __________

Participant’s Name: ____________________________________ Age & Grade: ____________________

Parent/Guardian’s Name (If applicable): ____________________________________________________

Participant/Parent’s Phone Number: ___________________ Email Address: ____________________

Name of Program: ____________________________ Activity #: ____________________________

Program’s Listed Age/Grade Requirement: _________________________________________________

Reason For Requesting Age Exception:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

*OFFICE USE ONLY*

Approved: ____    Denied: ____

Decision Made By: ________________________    Date: __________

*OFFICE USE ONLY*

Once a decision has been made, or additional questions remain, you will be contacted by a member of the Recreation Programming Staff. Thank you!