

Fee Waiver Application

Cosumnes River Little League (CRLL) will not deny any child a chance to play baseball or softball solely due to financial hardship. Full or partial scholarships are available. Complete and return this form and the required information to Cosumnes River Little League. P.O. Box 584 Sloughhouse, CA 95683

The Fee Waiver amount is based on the registration fee of your child’s age. This information can be found at our website: www.playcrll.com

**IDENTIFYING INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Guardian LAST | Guardian First | Player LAST | Player First | Full or Partial |
|  |  |  |  | ☐ ☐ |
|  |  |  |  | ☐ ☐ |
|  |  |  |  | ☐ ☐ |

**HOME ADDRESS**

|  |  |  |  |
| --- | --- | --- | --- |
| Street | City | State | Zip |
|  |  |  |  |

**CONTACT INFORMATION**

|  |  |  |
| --- | --- | --- |
| Preferred Phone | Second Phone | e-mail |
|  |  |  |

**FINANCIAL HARDSHIP EXPLANATION**

I/We, as the Parent or Legal Guardian of the player(s) named above, attest to the truth for the above information to the best of My/Our knowledge. We agree to “re-pay” the league with additional volunteer time, as confirmed by the Volunteer Coordinator. I/We understand that these additional hours are above and beyond any CRLL regular “volunteer commitment” that is associated with league registration.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

**Parent/Legal Guardian Name (Print) Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Legal Guardian Signature**

FOR CRLL USE ONLY

**CRLL Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Reviewed \_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Full Waiver Granted** | **Partial Waiver Granted** | **Request Denied** |
| **Amount: $**  ☐ | **Amount: $**  ☐ | ☐ |