

CDLA Exemption Form



Club: _____

Division: _____

Players Name: _____

Date of Birth: _____

Height: _____ Weight: _____

Years of Play: _____

Player Circumstances and Reason for Request:

Each of the player and his/her club acknowledges and agrees that this request is for the ____ Box Lacrosse season only and applies only to CDLA play and that this exemption is not binding on out of town tournaments or ALA provincial play.

Players playing without an approved Exemption Form will be considered ineligible players and potentially subject to suspension or other discipline.

Signed: _____ Date: _____
Club President

Approved by the CDLA Board of Directors on: _____

Signed: _____ Date: _____
CDLA President