



**SIBLING EXCEPTION FORM**

\_\_\_\_\_  
**PARENT NAME**

\_\_\_\_\_  
**PHONE NUMBER**

\_\_\_\_\_  
**CHILD'S NAME**

\_\_\_\_\_  
**Organization**

\_\_\_\_\_  
**COACH'S NAME**

\_\_\_\_\_  
**DIVISION**

I am requesting that my child be able to remain with this team because my child has a sibling that participates on another team within this same Organization. I understand that by placing my child on a team with more than 35 players, there is a chance my child may not be able to attend Regional or Nationals, or that my child might not get playing time in games. I further understand MD1 is not responsible or liable if this happens.

\_\_\_\_\_  
**SIBLINGS NAME ON ROSTER**

\_\_\_\_\_  
**DIVISION**

\_\_\_\_\_  
**PARENT SIGNATURE**

\_\_\_\_\_  
**COACHES SIGNATURE**

\_\_\_\_\_  
**MD1 REPRESENTATIVE SIGNATURE**

\_\_\_\_\_  
**DATE**