



USBA GRADE EXCEPTION FORM

Team Name _____ Age Group _____

Team
Address: _____ State. _____ Zip _____

Coach's Name _____ Coach's Phone _____

Player's Name _____

Player's Birthdate _____ Current Grade _____

Current School
Name _____ State. _____

Principal of Current School (please print) _____

Current School Phone Number (include area code) _____

*My signature below certifies that the player listed above is currently in the
_____ grade.*

Principal's
Signature _____ Date _____

Please have this form with you at all USBA tournaments. You do not need to send this to the USBA office.