



*Oregon High School Lacrosse Association*

## **WAIVER TO PLAY NON-OHSLA TEAM**

**Team Requesting Waiver:**

**1) Date of Contest:**

**Opponent:**

**Location of game:**

**Other Information:**

**2) Date of Contest:**

**Opponent:**

**Location of game:**

**Other Information:**

**3) Date of Contest:**

**Opponent:**

**Location of game:**

**Other Information:**

**4) Date of Contest:**

**Opponent:**

**Location of game:**

**Other Information:**

***Send completed form to OHSLA Commissioner at [dalewaag@europa.com](mailto:dalewaag@europa.com)***