



**SASKATCHEWAN LACROSSE ASSOCIATION
FIELD TRAVELLING PROGRAM – CONCESSION REQUEST FORM**

For athlete placement exceptions outside of standard affiliation requirements

Section 1 – Application

Athlete Information

Full Name: _____

Date of Birth (YYYY/MM/DD): _____

Home Address: _____

Current Member Association (MA): _____

Default Field Travelling Program (based on residence): _____

Preferred Field Travelling Program: _____

Parent/Guardian Information

Name: _____

Email: _____

Phone Number: _____

Statement of Rationale:

Please provide a detailed rationale for this concession request. Include specific reasons such as:

- Personal or family logistics (e.g., shared custody, travel limitations)
- Developmental fit
- Coaching relationships or mentorship



Supporting Documentation (Minimum One (1) Required)

- Letter of support from current MA
 - Letter from default Fall Travelling program coach
 - Medical or professional recommendation
 - Other relevant documentation (please specify): _____
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Acknowledgment

I understand that submitting this form does not guarantee approval. I acknowledge that the SLA will consider this request in accordance with its athlete development model, operational policies, and program integrity guidelines. The decision of the SLA Technical Committee is final.

Signature (Parent/Guardian): _____

Date: _____

Submit completed form and attachments to:

 info@sasklacrosse.net

See next page for Section 2 – SLA Decision & Authorization



**SASKATCHEWAN LACROSSE ASSOCIATION
FIELD TRAVELLING PROGRAM – CONCESSION REQUEST FORM**

For athlete placement exceptions outside of standard release requirements

Section 2 – SLA Decision & Authorization

Concession Request Review Outcome:

- Approved
- Approved with Conditions
- Denied

All approvals are valid for one (1) season only.

Conditions (if applicable):

(e.g., duration of approval, event availability requirements, MA participation obligations)

Rationale:



Authorization Signatures

SLA Board Representative:

Name: _____

Title: _____

Signature: _____

Date: _____

SLA Staff / Technical Representative:

Name: _____

Title: _____

Signature: _____

Date: _____

Distribution Record

- Athlete / Family
- Home Member Association
- Field Travelling Program
- SLA Records