



Pop Warner Little Scholars, Inc.

# EASTERN REGION

## WAIVER FORM

Participant League One ID Number \_\_\_\_\_

Date \_\_\_\_\_

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Releasing Association: \_\_\_\_\_

Receiving Association: \_\_\_\_\_

Releasing League: \_\_\_\_\_

Receiving League: \_\_\_\_\_

I \_\_\_\_\_ President of \_\_\_\_\_ league  
(President Signature) (Print Releasing League)

Hereby waive the name Participant above who resides inside the boundaries of the releasing league to participate in the receiving league for the \_\_\_\_\_ Season. This waiver terminates at the end of the current season  
(Print Year)  
for the receiving Association.

We understand and agree that a waiver will be required for this individual each and every year as long as his/her home organization has a team in which he or she can participate.

Signature of receiving league \_\_\_\_\_ President of \_\_\_\_\_ league  
(President Signature) (Print Receiving League)

\_\_\_ Level of Play not available in Releasing League

\_\_\_ Closest Level of Play is in Receiving League

\_\_\_ Sibling Playing on a Level not Available in Releasing League

\_\_\_ In care of a Parent or Guardian of Receiving League

\_\_\_ Other \_\_\_\_\_

Signature of region \_\_\_\_\_