

Association name that is making a request: _

Presidents Reason for Approval or Disapprove:

North Jersey Pop Warner

Participant Waiver Form

Section A- To be completed by organization requesting waiver in accordance with Njpw rules.

Participant affinity ID #:	Today's D	Pate:
*	*	
Participants' name:	Participants' Current Residing Address:	
*	*	
City:	State:	
*	*	
DOB:	Phone #	
*	*	
Division of play:		
*		
Give reason why player desires to p	articipate with ar	n organization outside of their
residing territory?		
Name of Association officer making		Association Title:
Name of Association officer making Signature of Association making red *		Association Title: Phone#
Signature of Association making red		
Signature of Association making red * Signature of parent/guardian	quest:	Phone#
Signature of Association making red * Signature of parent/guardian Section B: To be completed by organization a	quest:	Phone#
Signature of Association making red *	quest:	Phone#
Signature of Association making red * Signature of parent/guardian Section B: To be completed by organization a cerritory in accordance with Njpw rules.	quest:	Phone#
Signature of Association making red * Signature of parent/guardian Section B: To be completed by organization a erritory in accordance with Njpw rules. Section B: Signature of Association giving consent	quest:	Phone#
Signature of Association making red * Signature of parent/guardian Section B: To be completed by organization a cerritory in accordance with Njpw rules.	approving consent to	Phone#