

**Capital District Pop Warner Federation
2019 League Player/Participant Waiver Form**

Name _____ Phone _____

Street _____

City _____ State _____ Zip _____

Date of Birth _____ Age _____

E-Mail Address _____

Reason for Waiver _____

Releasing Association _____

President Signature _____ Date _____

Accepting Association _____

Team Name _____ Division _____

President Signature _____ Date _____