

# Capital District Pop Warner

## 2023 WAIVER FORM

Participant

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

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

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

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

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

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

I \_\_\_\_\_ President of \_\_\_\_\_ Association

(President Signature)

(Print Releasing Association)

Hereby waive the name Participant above who resides inside the boundaries of the releasing **association** to participate in

the receiving association for the **2023** Season.

This wavier terminates at the end of the current **season** 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 Association \_\_\_\_\_ President of  
\_\_\_\_\_ Association

(President Signature).

(Print Receiving Association)

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

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

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

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

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

Capital District \_\_\_\_\_ Date \_\_\_\_\_