



Pop Warner Little Scholars, Inc.

EASTERN REGION

2024 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 wavier 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 _____