

BUX-MONT POP WARNER YOUTH FOOTBALL LEAGUE

REGISTRATION WAIVER

AGE / WEIGHT WAIVER

Check one of the above

PARTICIPANT INFORMATION

NAME : _____
ADDRESS : _____
CITY : _____
STATE : _____
ZIP : _____

TELEPHONE : _____
DATE OF BIRTH : _____
SCHOOL DISTRICT : _____

THE ABOVE PARTICIPANT HAS BEEN GRANTED THIS
WAIVER TO REGISTER WITH THE FOLLOWING ASSOCIATION :

NAME OF ASSOCIATION WHERE YOUTH WILL PARTICIPATE

THIS WAIVER WILL BE VALID FOR AS LONG AS THE PARTICIPATION
TO THE ABOVE ASSOCIATION IS CONTINUOUS, MEANING ROSTERED
WITH THAT ASSOCIATION. ANY BREAK IN THAT PARTICIPATION VOIDS
THIS WAIVER .

ANY SIBLINGS WILL ALSO BE GRANTED A WAIVER. A WAIVER FORM
WILL NEED TO BE COMPLETED FOR ANY SIBLING. THE GRANTING
ASSOCIATION WILL HAVE AN OBLIGATION TO SIGN THE FORM.

NAME OF GRANTING ASSOCIATION

THIS WAIVER FORM MUST BE SIGNED BY AN AUTHORIZED MEMBER
OF THE GRANTING ASSOCIATION.
FORM MUST BE PLACED IN THE TEAM BOOK.

SIGNATURE OF AUTHORIZED MEMBER (GRANTING ASSOCIATION)

DATE SIGNED

Age/Weight Waivers are for Associations that do not have a team or squad at a specific age/weight and the Home Association allows them to participant within another Association's area. This type of waiver only applies to that individual in which the waiver is made out for and does not apply to any siblings.