



Pop Warner Little Scholars, Inc.

EASTERN REGION

Capital District

2026 WAIVER FORM

Date _____

Participant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Releasing Association: _____ Receiving Association: _____

I _____ President of _____

(President Releasing 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 _____ Season.
(Print Year)

This waiver terminates at the end of the current season for 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 _____

(President Signature)

(Print Receiving Association)

___ Level of Play not available in Releasing Association Level of play _____

___ Closest Level of Play is in Receiving Association Level of play _____

___ Sibling Playing on a Level not Available in Releasing Association

___ In care of a Parent or Guardian of Receiving Association

___ Other _____

Signature of Capital District Board Member _____