

## Waiver Request/Authorization

Participant Moving From:		to	
	Association	Associa	
Program	Football	Spirit/Dance	(circle one)
Warner program for the o	turrent season. It is unders n will seek a current waive	tood that this requ	player(s) to participate in our Popuest will be granted for the season ears if the named participant(s)
Participant Name:			
Address:			
City:		Zip	:
Phone:			
Reason:			
Requested by (associat	ion authorization)		
Signature		Title:	
Date			
The waiver re	quest(s) has been gra	inted.	
The waiver re	quest(s) has been de	nied.	
Approved/Denied by (a	ssociation authorizatior	n)	
Signature		Title:	
Date			