



*****DISTRICT 10 WAIVER FORM***
 RELEASING ASSOCIATION:
 ACCEPTING ASSOCIATION:**



LEVEL OF PLAY: _____

YEAR: _____

DATE		PLAYERS NAME	PARENTS NAME	ADDRESS	Release	Accept
1	PRINT SIGNATURE					
	PRINT					
2	SIGNATURE					
	PRINT					
3	SIGNATURE					
	PRINT					
4	SIGNATURE					
	PRINT					
5	SIGNATURE					
	PRINT					
6	SIGNATURE					
	PRINT					
7	SIGNATURE					
	PRINT					
8	SIGNATURE					
	PRINT					
9	SIGNATURE					
	PRINT					
10	SIGNATURE					
	PRINT					
11	SIGNATURE					