



CAPITAL DISTRICT

Capital District Pop Warner Federation 2010 League Player/Participant Waiver Form

Name _____ Phone _____

Street _____

City _____ State _____ Zip _____

Date of Birth _____ League Age _____

(Age as of 7/31/10)

E-Mail Address _____

Reason for Waiver _____

Releasing Association _____

President Signature _____ Date _____

Accepting Association _____

Team Name _____ Division _____

President Signature _____ Date _____