

2019

MONTEREY BAY YOUTH FOOTBALL LEAGUE

OFFICIAL WAIVER REQUEST

PLAYER / PARENT INFO

Name: _____ Birthdate ____ / ____ / ____

First Name

Last Name

Address: _____

Number & Street

City

Zip Code

School _____ Grade _____

Name

City

Print Parent/Guardian Name: _____

First Name

Last Name

Relationship to Player: _____ Contact Phone #: _____

Include Area Code

REASON FOR WAIVER REQUEST (attach additional information if requested and/or necessary)

I/We the parent/guardian of the above named player am requesting a waiver from _____ Organization, to participate with the _____ Organization.

****AFTER SEASON PLAY DEFERMENT DISCLOSURE**** Parent Initials _____ I have been advised that my child is **NOT ELIGIBLE** to participate after the regular season ends for the 2019 season. (AFTER season play includes any and all MBYFL Playoff games, MBYFL Championship games, outside Cheer Competitions to include Regionals and Nationals). This also applies even if my child has never played for an MBYFL team prior to 2019. Eligibility for After Season Play resumes after one year of deferment has been completed.

Parent/Guardian Signature: _____ Date signed: _____

RELEASING ORGANIZATION CONSENT

Waiver being requested from: _____

Waiver Granted

Waiver Denied

Signature of Releasing Organization President: _____

LEAGUE CERTIFICATION OF WAIVER

MBYFL Official Signature: _____ Date signed: _____