

WESTSIDE NINERS YOUTH FOOTBALL PLAYER WAIVER

| PLAYER NAME | | DATE |
|---|----------|----------------------------------|
| LEVEL | D.O.B | AGE ON NOVEMBER 29 th |
| TOTAL NUMBER OF YEARS PARTICIPATING IN YOUTH FOOTBALL | | |
| MEDICAL REASON FOR | WAIVER? | PHYSICIAN ORDERS ATTACHED? |
| Reason for Waiver? (weight issues not an acceptable reason) | | |
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| Χ | | X |
| Parent/Guardian's Signatur | <u> </u> | Player's Signature |
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| ☐ By checking this box I attest that no one from the Westside Board of Directors or any Westside coach | | |
| has influenced my decision to waiver my child from their respective squad. This decision was based solely on the best interest of my child. | | |