



Central Jersey Pop Warner

2025 WAIVER FORM

Sports Connect Players ID Number _____

Date _____

Participant

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date Birth: _____

Releasing Association: _____

Receiving Association: _____

I _____ President of _____ Association

(President Signature)

(Print Releasing Association)

Hereby waives the name Participant above who resides inside the boundaries of the releasing association to participate

in the receiving association for the 2025 Season. This waiver terminates at the end of the current season

(Print Year)

for the receiving Association.

We understand and agree that a waiver will be required for this individual each and every year as long as his/her home organization has a team in which he or she can participate.

Signature of receiving Association _____ President of _____ Association

(President Signature)

(Print Receiving Association)

___ Level of Play not available in Releasing Association

___ Closest Level of Play is in Receiving Association

___ Sibling Playing on a Level not Available in Releasing Association

___ In care of a Parent or Guardian of Receiving Association

___ Other _____