

2018
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

Has the Player participated with ANY MBYFL team (football or cheer) in the past? Yes No

If Yes, Identify year of participation, Team and Age Division: _____

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. I have been advised that if my child participated
with another MBYFL team in the past, he/she is **NOT ELIGIBLE** to participate after the regular season ends.
(AFTER season play includes any and all MBYFL Playoff games, MBYFL Championship games, outside
Cheer Competitions to include regionals and nationals).

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: _____