HENLOPEN POP WARNER WAIVER REQUEST FORM FOR THE _____ SEASON



I,am requesting that my child,				receive a
(Parent Name)		(Participant Name)		
waiver to play for		this season, in their		division.
(Assoc	iation Requesting Waiver)		(Team Name)	
My child should be participating in the			association.	
	0	(Home Association)		
The reason for this waiver request is because				
	•			

I understand that this is just a request and may be denied by their home association.

(Parent Signature)

(Date)

I, _____ President of the _____ association, have (Home Association President) (Home Association) the authority and am granting the release of the above participant for this season

(President Signature)

(Date)