

Monterey Bay Youth Football Official Waiver Request

P.O. Box 10796 Salinas, Calif. 93912

Player information

Name _____ Birthdate ____/____/200__

Address _____

Number & Street City Zip

Phone _____ School _____ Grade _____

Father's Name _____ Occupation _____

Business Address _____ Phone _____

Mother's Name _____ Occupation _____

Business Address _____ Phone _____

Parental Consent

I/We the parents of the above named player/cheerleader are requesting waiver from
the _____ Organization,

To participate with the _____ Organization.

Reason for waiver (Attach additional information if necessary)

Father's Signature _____ Mother's Signature _____

Organizational Consent

Organization Waiver being requested from _____

Signature of Organization President _____

Certification of Waiver

Waiver Granted _____

Waiver Denied _____

Date _____

Attest _____