2016-2017 PLAY DOWN WAIVER FORM

This form must be completed and attached to the team roster form. All information is necessary for proper identification. Player will be rejected if information is incomplete.

PLEASE PRINT

CLUB/TEAM NAME: _____ CLUB/NUMBER:_____

GRADE/AGE DIVISION: _____ DOB:_____/_____/_____

PLAYER NAME:_____

PLAYER ADDRESS:_____

PLAYER PHONE NUMBER:_____ EMAIL:_____

SCHOOL ATTENDING 2015-2016: _____

SCHOOL ADDRESS: _____

CITY: _____ STATE:_____ ZIPCODE: _____

*SCHOOL PHONE NUMBER: _____

_____ _____ _____

CERTIFIER POSITION DATE

COMMENTS: _____

_____

_____

_____