

Delta Youth Football League, Inc.  
"Waiver Release Form"

PARTICIPANTS NAME: \_\_\_\_\_

PARTICIPANTS ADDRESS & PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_

FRANCHISE TO BE RELEASED FROM: \_\_\_\_\_

FRANCHISE TO BE TO: \_\_\_\_\_

REASON FO THE WAIVER:

PARENTS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

RELEASING PRESIDENTS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

RECEIVING PRESIDENTS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

COMMISSIONER OR VICE PRESIDENTS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

(waived participants must complete a BLUE contract)

(forward a copy of the waiver to the League Secretary)