

JYFA PLAYER WAIVER

Date Initiated: _____

Area To Waive To: _____

Home Area: _____

Player Name: _____

Street Address: _____

City/State/Zip: _____

School/grade: _____

Birth Date: _____

Reason for requesting waiver:

Releasing Area

President: _____ Date: _____

Accepting Area

President: _____ Date: _____

Jeffco Youth Football Assoc.

President: _____ Date: _____