South army Utiline European	L WAIVER FORM ELEASE NOTICE 2021	
Player's Name:	Age:	
Street Address:		
City:	Zip Code:	
Home Telephone:	School:	
"I am requesting that my child be released to play for the organization where he/she has chosen to play. I understand that if this release is granted and he/she continues to play outside of our home organization territory, a release must be obtained every year before they start practice."		
Printed Parent Name:	Parent Signature:	
Home Organization:	Age Division:	
Home Head Coach Name:		
Home Head Coach Signature:		
New Organization:	Age Division:	
New Head Coach Name:		
New Head Coach Signature:		

This release needs to be signed before the player's 1st practice with the new organization and must be presented to the Division President no later than the 1st registration.

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Division President Name:	
Division President Signature:	Date:
League President Signature:	
-	strict Notice Form)21
Organization:	
Division (circle one): Freshman	Sophomore Junior Senior
The following players do not live within the organization in the SJUFL, but will be play	
1. Players Name:	DOB:
Player's Address:	
Town:	Zip Code:
2. Players Name:	DOB:
Player's Address:	
Town:	Zip Code:
3. Players Name:	DOB:
Player's Address:	
Town:	Zip Code:
4. Players Name:	DOB:
Player's Address:	
Town:	Zip Code:

5. Players Name:	DOB:
Player's Address:	
Town:	Zip Code:
6. Players Name:	DOB:
Player's Address:	
Town:	Zip Code:
7. Players Name:	DOB:
Player's Address:	
Town:	Zip Code:
8. Players Name:	DOB:
Player's Address:	
Town:	Zip Code:
9. Players Name:	DOB:
Player's Address:	
Town:	Zip Code:

"I certify that the only players that do not live in my organization's territorial boundaries or in the territorial boundaries of any other SJUFL team are listed on this document. If there are any out-of-district players on my roster that are not on this document, I am aware that my organization may be punished up to a Level IV offense."

Head Coach Name: _____

Head Coach Signature: _____

8/19/2021 10:37 AM8/19/2021 10:37 AM

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