

Kitsap Peninsula Adult Pee Wee Association  
**Club Waiver Form**

Sport: \_\_\_\_\_ Year: \_\_\_\_\_

Home Club Requesting Waiver: \_\_\_\_\_

“New” Club to which player(s) will waive: \_\_\_\_\_

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Player Name(s): _____	Level: _____
_____	_____
_____	_____
_____	_____

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Reason for Waiver: **FULL TEAM** \_\_\_\_\_ **NO TEAM** \_\_\_\_\_  
If Full Team then: Effective Date in which team was full: \_\_\_\_\_  
Number of Players currently on team: \_\_\_\_\_

I acknowledge that this is a **ONE TIME** waiver and that said player(s) must register and play for their home club hereafter. **NO EXCEPTIONS WILL BE ALLOWED.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

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The above named player(s) has registered with their home district. I certify that the above waiver request information is accurate. I acknowledge that if this is due to a full team that no more players may be added at this level. (This form will be faxed within 48 hours of signature to County Eligibility chairperson)

Home Club Eligibility Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Approver and Position Held: \_\_\_\_\_

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I acknowledge that the above waiver request will put this player into my district and that our club can place this player on a team for **THIS SPORT**. (This form will be faxed within 48 hours of signature to County Eligibility chairperson)

Transfer Club Eligibility Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Transfer Club and Position Held: \_\_\_\_\_

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A copy of this waiver must be filed with the “home” and “transfer” club registrars. The original copy goes to Central Council Registrar for action. **THIS REQUEST IS FOR THE SAID SPORT ONLY!**

Central Council Eligibility: \_\_\_\_\_ Date: \_\_\_\_\_