



Capital District Pop Warner Participant Release Form



Participant's Name _____ Phone _____

Street _____

City _____ State NY Zip _____

Date of Birth _____ League Age _____

E-Mail Address _____

Reason for Request for Release from Local Association

Releasing Association _____

President Signature _____

Date _____

Accepting Association _____

Division _____

President Signature _____

Date _____

Please Note: This release is only valid for the current season.

PENALTY: Regarding Ineligible Players
Forfeiture of all games in which the ineligible player was a member of the team shall be the penalty applied to the team involved. There shall be no exceptions.