



**Silver Creek Athletic Association**  
**P.O. Box 165**  
**Springtown, PA 18081**

# ***WAIVER FORM***

**DATE:** \_\_\_\_\_ **PLAYING LEVEL:** \_\_\_\_\_

**PLAYER NAME:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**FULL ADDRESS:** \_\_\_\_\_

**RELEASING ORG NAME:** \_\_\_\_\_

**ACCEPTING ORG NAME:** \_\_\_\_\_

**REASON FOR REQUEST:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Waivers will not be granted for reasons such as not liking the coach, not enough playing time, doesn't get a chance to pitch, wants to play with friends etc. The reasons must show that the player or his/her parents may be negatively affected in some way if they continue with their current organization and its recognized residency playing option. Additional information may be listed on the back of this form.

**The league may decline this request if the reasons for the request are not considered sufficient or is determined to be detrimental to the formation of a team.**

**THIS WAIVER FORM IS VALID FOR THE CURRENT YEAR ONLY**  
**A NEW WAIVER MUST BE SUBMITTED EACH YEAR.**