



# PACIFIC COAST FOOTBALL/CHEERLEADING CONFERENCE, INC. WAIVER/RELEASE REQUEST FORM

Revised 2/09

### INSTRUCTIONS:

1. An interview meeting must be scheduled with the Conference Waiver Committee via 3701 Inglewood Ave PMB #318, Redondo Beach, CA 90278.
2. This form **MUST** be completely filled out & brought to the scheduled meeting along with the following forms.
3. **Current PROOF of Residence - NO Phone Bills will be accepted.**
4. You may NOT sign-up/register your child with the city/association you are requesting, until you receive an approval letter from the Conference Waiver Committee, or YOUR APPLICATION WILL BE DENIED.
5. The approval letter **MUST** be presented to the association at the time of sign-ups/registrations, and a copy must be submitted with the child's paperwork at the time of paperwork certification.

### **PLEASE PRINT CLEARLY**

#### SECTION I: Participants Information:

Player/Cheerleader Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Have you ever participated in the Pacific Coast Conference Youth Football/Cheer Program in past years? ( ) Yes or ( ) No

If yes, what city/Association? \_\_\_\_\_ & What Year? \_\_\_\_\_

The City/Association you wish to participate in should the wavier/release be granted: \_\_\_\_\_

#### SECTION II: Parents Information:

Fathers Name: \_\_\_\_\_ Mothers Name: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mom or \_\_\_\_\_ Dads Cell #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Do both parents live at the address listed above? ( ) Yes ( ) No

**If NO list the parents name, different address & phone numbers below.**

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

#### SECTION III: Request Information:

In order for a waiver/release to be granted, you must have a **valid** reason. If your request is one of the following reasons, please note that **VALID DOCUMENTATION MUST ACCOMPANY THIS FORM** in order for your request to be granted. **Failure** to provide any of the requested documents will null and void your waiver/release request, and result in an automatic DENIAL.

PAID Childcare located in the city/association boundaries where we wish to participate.

• Must submit proof of childcare along with receipts and address of facility.

Attends school on a valid school permit in the boundaries of the city/association where we wish to participate.

• Must Submit a Copy of your current and valid School permit.

**SECTION IV: Parents Verification:** I certify by my signature below that the information that I have provided to the Pacific Coast Conference is true and correct and if found to be supplying the Conference with false information or documentation, my child may be removed from the team/squad he/she is playing with and that the team/squad will forfeit all of the games played for the current season.

\_\_\_\_\_  
Signature of either Parent

\_\_\_\_\_  
Please PRINT Name

\_\_\_\_\_  
Date