

Official Player Waiver Form

League Office Use Only

Season _____
This waiver only applies to the current season



TO WHOM IT MAY CONCERN:

NAME ***DATE OF BIRTH*** ***ADDRESS***

1) _____
Player

2) _____
Current Association/Community

3) _____

Reason for Waiver

4) _____
Name of Receiving Association

Waiving Association Director Signature Printed Name/Contact Number Date

Receiving Association Director Signature Printed Name/Contact Number Date

GSBL Commissioner Signature upon approval Date

1011 Osborne Rd. NE; Spring Lake Park, MN 55432; (763) 781-2220; www.myas.org

IMPORTANT REMINDER

An athlete wishing to participate outside their residence or school area must obtain a player release form from their "home" association as well as any and all bordering associations that are located geographically between their "home" association and the accepting association and returned to MYAS before the start of the season.