

Orange Empire Conference

Participant Waiver

Name _____ Phone _____

Street _____

City _____ State _____ Zip _____

Date Of Birth _____ League Age _____

Reason For Waiver _____

Releasing Association _____

President Signature _____ Date _____

Accepting Association _____

Team Name _____ Division _____

I certify that the above participant has not participated in any function with this association before this waiver was signed by both presidents.

President Signature _____ Date _____