



West Seattle
Jr. Football

Field Manager Copy

10 PLAY MINIMUM PLAY WAVIER

Signatures:

Player

Jersey

Division

Parent _____

Head Coach _____

Date

Field manager _____

Opponent

Franchise President _____

Reason player may not Receive 10 Plays*

Brief Description

<input type="checkbox"/>	Medical
<input type="checkbox"/>	Disciplinary
<input type="checkbox"/>	Game Time Injury
<input type="checkbox"/>	Other

**check appropriate box*

Procedure - Duplicate entries for top and bottom Forms

- 1) Forms must be completed before start of game
- 2) Forms must be signed by Parent(s)/Guardian(s) and Head Coach. Franchise President must sign if parent(s)/Guardian(s) will not or cannot.
- 3) Tear on Dashed lined and give top copy to Game Day Field Manager.



West Seattle
Jr. Football

Franchise Copy

10 PLAY MINIMUM PLAY WAVIER

Signatures:

Player

Jersey

Division

Parent _____

Head Coach _____

Date

Field manager _____

Opponent

Franchise President _____

Reason player may not Receive 10 Plays*

Brief Description

<input type="checkbox"/>	Medical
<input type="checkbox"/>	Disciplinary
<input type="checkbox"/>	Game Time Injury
<input type="checkbox"/>	Other

**check appropriate box*

Procedure - Duplicate entries for top and bottom form

- 1) Forms must be completed before start of game
- 2) Forms must be signed by Parent(s)/Guardian(s) and Head Coach. Franchise President must sign if parent(s)/Guardian(s) will not or cannot.
- 3) Tear on Dashed lined and give retain bottom copy for franchise records and inform Franchise President on all 10 Play Waivers.