



**Pop Warner Little Scholars, Inc.**  
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**2017 SEASON**  
**Pilot Waiver for Unlimited programs in the Mid-America and New England Regions**

**Must be signed by all Parents of children participating in this Pilot program.**

I understand that this particular Pop Warner League and Association are participating in a trial program. All Pop Warner rules will be adhered to EXCEPT the Age-Weight Schematic. In lieu of that Age-Weight Schematic, our participants will play by age only.

I accept this change and waive any/all rights to bring claims against Pop Warner, its associations, leagues, officials employees, officers and directors, based on use of the age level team structure instead of Pop Warner’s Age-Weight Schematic.

I also understand that this waiver is in addition to, not in place of, any other waivers applicable to participation in Pop Warner Football.

Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Parent/Guardian Name (PRINT): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Region: \_\_\_\_\_

League Name: \_\_\_\_\_

Association Name: \_\_\_\_\_