



PARTICIPANT RELEASE 2024

ASSOCIATION REQUESTING RELEASE: _____

LEVEL OF PLAY (circle one):

Football: Flag 6U 7U 8U 9U 10U 11U 12U 13U 14U

Cheer: JTM TM MM JPW PW JV V B Challenger

Participant Name: _____

Address: _____

City/Zip: _____

Telephone Number: _____

Date of Birth: _____

Releasing Association: _____

Receiving Association: _____

I release the above participant to the requesting association. This release will be valid for a period of one year. The SCPW President must approve this release, as outlined in the Leagues Rule & Regulations including but not limited to Article X.

Releasing President: _____ Date: _____

Receiving President: _____ Date: _____

SCPW President: _____ Date: _____