

# South Coast Soccer League, INC.

*Web Site: www.SCSL.org*

## REQUEST FOR PLAYER WAIVER – FROM ANOTHER SCSL TOWN 2015 SPRING SEASON

\_\_\_\_\_ grants a waiver for  
Name of Club Granting Waiver

\_\_\_\_\_, \_\_\_\_\_  
Name of Player Address of Player

to play for \_\_\_\_\_ on the \_\_\_\_\_  
Name of Club Requesting Waiver Age Group/Gender

during the 2015 Spring Season in the South Coast Soccer League.

_____ Signature of Club Director Granting Waiver	_____ Date
_____ Signature of Club Director Requesting Waiver	_____ Date
_____ Signature of South Coast Soccer League President	_____ Date
_____ Signature of South Coast Soccer Registrar	_____ Date