

REQUEST FOR PLAYER WAIVER – FROM ANOTHER SCSL TOWN  
2025 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 2025 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 Registrar Date