# REQUEST FOR PLAYER WAIVER – FROM ANOTHER SCSL TOWN
# **2026 SPRING SEASON**

_____ grants a waiver for
**Name of Club Granting Waiver**

_____,_____
Name of Player Address: Street, Town, Zip Code No PO BOX

to play for _____ on the_____
**Name of Club Requesting Waiver** Team Grade /Gender & Division

during the 2026 Spring Season in the South Coast Soccer League.

_____ _____
Signature of Club Director Granting Waiver Date

_____ _____
Signature of Club Director Requesting Waiver Date