



# Snoop Youth Football League

Football Season Waiver for  
High School Non-Participant

Player's Name: \_\_\_\_\_

Chapter: \_\_\_\_\_

The above-named student is currently enrolled at:

\_\_\_\_\_ High School located at  
\_\_\_\_\_

The Above-named Student is NOT enrolled in \_\_\_\_\_ 's  
(name of High School)

"High School Tackle Football Program " for the \_\_\_\_\_ season  
(month/year)

(Athletic Director or Principle/VP signature only)

School  
Official:

\_\_\_\_\_

Please Print Name

Title

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Contact Phone

Player's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date \_\_\_\_\_

League Player Agent: \_\_\_\_\_ Date \_\_\_\_\_

Must be completed and turned in with Player's Contract on the day you  
certify.

*Two copies required*

SYFL Verification by: