

# Foundation for Youth Development, Inc. Greater Tampa Bay Pop Warner

## Request for Wavier Transfer Questionnaire

This is hereby a written request for a waiver to transfer Associations. Transfer waivers must be approved for two reasons: Player/Cheerleader was a member of the releasing association during the previous season **OR** player/cheerleader lives in the protected zone boundary of the releasing association. See the FYD website at [www.fydpopwarner.com](http://www.fydpopwarner.com) for a protected zone boundary map.

Participants Name \_\_\_\_\_ Date of Request: \_\_\_\_\_

Participants Address: \_\_\_\_\_

### Requesting transfer from

\_\_\_\_\_  
(#1 Name of Association for which to be Released from)

### to become an eligible player/cheerleader in the FYD Pop Warner program at

\_\_\_\_\_  
(#2 Name of Association for which to be Released to)

For the reason stated below:

- The Team or Squad Releasing the child is Full or Releasing Association is not fielding a team in the required age/wt. division.
- A participant may be grandfather in because the child was a legal member of the Accepting Association during the previous season.
- The child is a sibling who resides in the same household as a child who qualifies for a waiver based on one of the reasons above. \*Sibling must be on an active roster in current season.
- The child's parent is an Association President or Executive Board Member with the Accepting Association. \*Board members must be approved by executive committee in advance
- The parents of the participant are active members of the US Military and are currently assigned to MacDill AFB. These participants may opt to play for either their neighborhood Association or the South Tampa Titans.

### FOR ANY REASON NOT LISTED ABOVE PLEASE COMPLETE THE BELOW QUESTIONS

1. Reason for request \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. How did you hear about Association #2? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Has your child every played football or any other sport, including but not limited to: baseball, flag football, 8 on 8 football, basketball, wrestling, etc for anyone with Association #2, if so details? \_\_\_\_\_  
\_\_\_\_\_
4. Was your child invited to play with Association #2, if so, by whom? \_\_\_\_\_  
\_\_\_\_\_
5. Any other information that you might find helpfully while reviewing this request? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Once completed, please submit this form to the Releasing Association.**

**\*\*\*\*All Supporting documentation must be attached to request**

**\*\*\*\* Players may NOT start practice without final approval.**

I acknowledge that I have hereby requested a one-time transfer from my home Association to another Association for the above reasons. I certify all the above information is correct. I agree if information is found to be false, any waiver granted under this request will be null and void.

Releasing Association: \_\_\_\_\_ Date: \_\_\_\_\_

Accepting Association: \_\_\_\_\_ Date: \_\_\_\_\_

FYD Compliance Officer: \_\_\_\_\_ Date: \_\_\_\_\_