



FLL Team Waiver Cover Sheet

PLEASE PRINT LEGIBLY

FLL Team Number: _____

If this an updated form? **YES** or **NO**

[optional] Team Name: _____

Today's Date: _____

[optional] School or Organization or Other Affiliation: _____

Team Members (max of 10 allowed):

	Given / First Name	Family / Last Name
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

Full name of Primary Coach (must be adult):

Name: _____

Full Name of any/all Additional Coaches/Mentors:

1. Circle: Youth or Adult

Name: _____

2. Circle: Youth or Adult

Name: _____

3. Circle: Youth or Adult

Name: _____

4. Circle: Youth or Adult

Name: _____

How many total FLL teams are any of the coaches/mentors working with? (#) _____

Are any coaches or mentors affiliated with FRC or FTC teams? YES or NO

If so, which ones (team#): _____

How many total coaches/mentors are working with this specific FLL team? (#) _____

Are there additional pages of this form for this team? YES or NO

Add additional sheet if additional coaches/mentors are working with the team.