



2016-17 PLAYER RELEASE REQUEST FORM

FIELD LACROSSE
(Only Good for a Single year)

Date of Request: (day/month/year)

Player's Name:

Date of Birth: (day/month/year)

Division:

Current Residence:

Home Phone: Parent's Cell Phone: Fax:

Parent's E-Mail:

Residence (Home) Association:

Last club played for: Division: Tier:

Requested Association: Goalie: yes no

Reason for Request:

Signature of Parent (or Guardian) Date:

Sections below to be completed by Approving Bodies Only

Releasing Association: Approved Declined
President's Signature: Date:
Phone #: E-Mail:
Comments:

Authorization of Commission: Approved Declined
Signature: Date:

Accepting/Joining Association: Approved Declined
President's Signature: Date:
Phone #: E-Mail:
Comments: