

# 2019 Player Release Form



Please refer to the Player Release Rule in the Handbook for more information.

## Player Information:

Player Name

Year of Birth

Parent/Legal  
Guardian Name:

Address/Legal Land  
Location:

Primary Phone:

Cell Phone:

E-mail:

In the last two (2) years I have registered with the following teams for Provincial Championships:

2017

2018

Name of the team you wish to be released to in 2019:

Age Category:

**The following is to be completed by the President of the Local Minor Association or the President of the Association you were last an affiliated member within your District.**

Name of President:

Name of Association:

Address:

Primary Phone:

Cell Phone:

E-mail:

I, \_\_\_\_\_, as President of the \_\_\_\_\_ Softball Association hereby release the above mentioned player from our Association for the 2019 Softball season.

\_\_\_\_\_  
President's Signature

\_\_\_\_\_  
Player's Signature

**This form must include rationale why there is no opportunity for the player to register on a team within or near their residence within the District. A release must accompany any District Transfer Application.**