

Player Information:		
Name:	Phone#:	DOB:
Address:	City:	
Zip: E-I	Vail Address:	
Association:	Team	Name:
Age division of last team	: (10U, 12U,	14U, 16U, 18U, 19UGirls, HS)
Head Coach:	Season Pla	ayea:
I,	as parent/g	uardian of
am requesting him/her to	be released from	To th
organization and are awa Signature Parent/Guardia	are of no unresolved disc an:	ciplinary issues.
	Date:	

Response must be made	in writing within 10 days	s of receipt of this request.
Release Approved:		
	linary issues and is relea . Signa	ased to: ature/Title:
Release Denied:*		
	is	denied release from this organization
due to the following reas	ons:	
	·	
	-	
Cignoture/Title:		Data
Signature/ Little:		Date: Phone #
Contact for questions		FIIOHE#

*Please note: If this request is denied, the applicant may appeal to: IAHA