



HHRA PLAYER RELEASE FORM

Date:
Name:
Full Address:
Parent or Guardian's Name:
Reason for Release:
Released from (Full Member):
Released to (Full Member):
This is to certify that the full members listed above agree with the release of: and verify the reason for release as stated above.
Signed: (full member- from)
Signed: (full member- to)
Signed: (player or parent/guardian)

*** TO BE SIGNED BY A SIGNING OFFICER OF EACH ASSOCIATION**