ALBERTA FIELD LACROSSE PLAYER RELEASE FORM

**Date:** Click here to enter a date.

**Player Name:** Click here to enter text.

**Address:** Click here to enter text.

**Date of Birth:** Click here to enter a date.

**Registration Information**

**Current Season (Association/Division/Team):** **Choose an item.**

**Previous Season (Association/Division/Team):** **Choose an item.**

**Is Reason for release grandfathering please circle** YES [ ]  ***or***  NO [ ]

**Other Reason for release please specify below (*If not Grandfathering, Must be filled out*)**

Click here to enter text.

**Association Requesting Release:** **Choose an item.**

**Date:** Click here to enter a date.

**President’s Name:** **Choose an item.**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Association Granting Release:** **Choose an item.**

**Date:** Click here to enter a date.

**President Name**: **Choose an item.**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Release Approved by AFLA President Date:** Click here to enter a date.

**Name:**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_