



## Central Alberta Lacrosse League Player Release Form

Date: \_\_\_\_\_

Player Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Registration Information:

Current Season (Association/Division/Team) \_\_\_\_\_

Previous Season (Association/Division/Team) \_\_\_\_\_

Reason for Release:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Association Requesting Release: \_\_\_\_\_

Date: \_\_\_\_\_

President's Name: \_\_\_\_\_

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

Association Granting Release: \_\_\_\_\_

Date: \_\_\_\_\_

President Name: \_\_\_\_\_

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

Release Approved by CALL President

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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