

**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: _____