

ATHLETE RELEASE FORM

Date: _____

Athlete's Name: _____

Present Address: _____

City: _____

Province/Territory: _____ Postal Code: _____

Telephone Number: () _____

Parent or Guardian's Name and Business Telephone Number: _____

Release From (Full Member): _____

To (Full Member): _____

Reason for Release: _____

This is to certify that _____ and _____
Full Member (From) Full Member (To)

agree with the release of _____ to play for _____
Full Member

and verify the reason for release as above.

Signed,

* _____
Full Member (From)

* _____
Full Member (To)

* _____
Athlete

* **To be signed by a signing officer of each member.**