

RINGETTE ONTARIO ATHLETE RELEASE FORM

Completed copies of this form must be received by the Ringette Ontario Membership Coordinator by **November 15**th. Athlete *cannot* step on receiving team ice until approval is granted and form is received.

Athlete Name				
Athlete Email Address				
Athlete Address				
Athlete Home Club				
Please provide the name of				
2019-2020 Club	2020-2021 Club COVID SEASON	2021-2022	Club	2022-2023 Club
	COVID SLASON			
_	1			
Reason for Request				
Level of Play/Age	Group not available at H	ome Club		
Age Division:	U12	U14	U16	U19
			T	
Level of Play:	С	В	Α	AA
Other:				
Offering Team Name & Le	vel of Play			
	Toron Lay			
	I			
The following parties suppo			playing season from the	<u> </u>
Club to	the	Club.		
Role	Club Name	Printed Name	Signature	Date
Parent/Athlete		1111100 1101110	- Jong. Later C	
Releasing Club President Home				
nome				
Releasing Club President 2	2			
Releasing Club President 3	3			
Releasing Region				
Membership Coordinator				
Receiving Club President				
Receiving Region				
Membership Coordinator				
Ringette Ontario Membership Coordinator				
iviembership Coordinator				

If more than 3 releasing club President signatures are required, please complete another form, and attach to this one

**RO Athlete Release Form

March 2023