**PLAYER RELEASE FORM**

|  |  |
| --- | --- |
| **PLAYER’S FULL NAME:** |  |
| **RESIDENTIAL ADDRESS:**  **(Street, City, Postal)** |  |
| **PHONE NO.:** |  |
| **BIRTH DATE:** |  |
| **AGE:** |  |

In the last two seasons I registered with the following team(s):

|  |  |  |  |
| --- | --- | --- | --- |
| **LEAGUE** | **CLUB** | **CLASSIFICATION (A/AA/AAA)** | **AGE CATEGORY** |
|  |  |  |  |
|  |  |  |  |

I hereby apply to the ‘AAA’ Region I reside in and Softball Manitoba for permission to play with the:

***(League/Club/Team/Age Category)***

for the 20\_\_\_\_\_\_\_ season.

**RATIONALE FOR PLAYER RELEASE** (This must be completed or form will be returned):

**DATE OF SUBMISSION:**

(Player’s Signature) (Parent’s Signature)

**SOFTBALL ORGANIZATION RELEASING PLAYER:**

🖵 Approved 🖵 Denied

Date:

League / AAA Organization:

Signed: Print:

***(‘AAA’ Organization/League President)***

***Signatures indicate the Softball Organization has released said player for the current season.***

**SOFTBALL ORGANIZATION ACCEPTING PLAYER:**

🖵 Approved 🖵 Denied

🖵 List of Players who attended tryouts attached.

🖵 List of Players who were released following tryouts attached.

🖵 List of Players who were successful in making the team attached.

***By signing below, I,***

***(‘AAA’ Organization/League President’s Full Name)***

***confirm that our League/Organization is following the Fill Rule as outlined above.***

Date:

Softball Region/Boundary/League:

Signed: Print:

***(‘AAA’ Organization/League President)***

***Signatures indicate the Softball Organization has accepted said player for the current season.***

## SOFTBALL MANITOBA APPROVAL:

🖵 Approved 🖵 Denied

Date:

Signed: Print:

***(Softball Manitoba Board of Director / Executive Director)***