PLAYER RELEASE FORM

This form must be completed and submitted with the player contract for the new organization in order for the contract to be valid.

_____	**The Desoto Tigers**	_____	**Desoto Tigers**
SPORT	ORGANIZATION	COACH	TEAM

_____ _____ _____

PLAYER'S LAST NAME PLAYER'S FIRST NAME AGE GROUP

_____ _____

HOME TELEPHONE # PLAYER'S STREET ADDRESS/ CITY/STATE/ZIP

_____

NAME OF SCHOOL

I request release from the following organization for which I played the following sport.

_____ _____ _____

ORGANIZATION SPORT PLAYER'S SIGNATURE

REASON(S) FOR REQUESTED RELEASE (To be completed by Parent or Guardian)

_____

_____

_____

_____

_____ _____

PARENT'S/GUARDIAN'S SIGNATURE DATE

RELEASE ORGANIZATION APPROVAL

_____ _____

REPRESENTIVE'S SIGNATURE DATE

_____ _____

REPRESENTIVE'S PRINTED NAME & TITLE TELEPHONE NUMBER