



Corunna Minor Athletic Association

## Player Release Form

### Player Information

Player's Name: \_\_\_\_\_

Contact Phone N°: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code \_\_\_\_\_

Division & Team played last season: (eg Bantam - REP) \_\_\_\_\_

Signature of Player: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for requesting release:

If player is under 18 years of age, parent/guardian must sign below.

Signature of parent/ guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Phone N° if different than above: \_\_\_\_\_

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Present this form to the President of your Local Association.

**Corunna Minor Athletic Association** hereby releases \_\_\_\_\_

Authoring signature: \_\_\_\_\_ (Title) \_\_\_\_\_

Date: \_\_\_\_\_