



## 2009 PLAYER RELEASE REQUEST FORM

### MINOR LACROSSE COMMISSION

(Only Good for a Single year)

Date of Request: \_\_\_\_\_ (day/month/year)

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

Date of Birth: \_\_\_\_\_ (day/month/year)

Current Residence: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Residence Association: \_\_\_\_\_

Division: \_\_\_\_\_ Tier: \_\_\_\_\_ (A1/A2/B/C/House)

Reason for Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signature of Parent (or Guardian) \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

*Please include contact information if different from player's information.*

Signature of Releasing Association: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature of Accepting Joining Association: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Comments: \_\_\_\_\_

**NOTE:** A copy to be included with the registration form to BCLA, copy to Local Commission who in turn will forward to appropriate Commissioner. Appeals can be submitted to Local Commission.

Authorization of Commission: Approved (☐) Declined (☐)

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

*As per the BCLA Minor Directorate Operating Policy must be approved by Commission by April 15, 2009*