

OASA PLAYER RELEASE FORM



Player Information:

Name (Print) _____ Birthdate _____

Address _____ Town/City _____

Postal Code _____ Phone # _____

Player's Signature (if over 18) _____

Parent Signature (if under 18) _____

Date _____

Old Centre _____ New Centre _____

New Centre Coach / Manager (Name – Print) _____

New Centre Coach / Manager Signature _____

New Centre Coach / Manager email _____

Two (2) releases are required for a player to be fully released and releases will only be accepted for teams that have already affiliated with OASA. The OASA Registrar will confirm which Teams, Leagues or Associations must be contacted for releases.

The above player is hereby released from our Team/League/Association.

Team/League/Association #1 person authorizing this release:

Name (Print) _____ Centre _____

Home # _____ Cell # _____

Signature _____ Date _____

Position _____

The above player is hereby released from our Team/League/Association.

Team/League/Association #2 person authorizing this release:

Name (Print) _____ Centre _____

Home # _____ Cell # _____

Signature _____ Date _____

Position _____

This form is to accompany the team's registration application to the Registrar.

Karen Mills
7 Sarah Street
Napane, ON K7R 3J4
millsy@live.ca
613-530-0550

For OASA Use only: Date Received _____ New Team _____
