



STARK COUNTY GIRL'S SOFTBALL ASSOCIATION PLAYER RELEASE FORM REQUEST

RELEASING TEAM INFORMATION

Players Name: _____ Address _____

City _____ Zip _____ Phone _____

Reason player wants released from team: _____

League _____ (releasing player)

League President Signature

Head Coach Signature

Date

Date

RECEIVING TEAM INFORMATION

League _____ (Receiving League)

League President Signature

Head Coach Signature

DATE

DATE

PARENT SIGNATURE/DATE _____

FOR ASSOCIATION USE ONLY

DATE _____ REVIEWED BY (Executive Board Member) _____

ACTIONS TAKEN: APPROVED _____ DISAPPROVED _____

COMMENTS _____
