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OFFICIAL PLAYER TRYOUT/PRACTICE RELEASE

I, _____, manager/coach of the _____ team,

do hereby give permission for the following player (s) to attend:

(CIRCLE ONE)

TRYOUTS

PRACTICE

with the _____ team, coached by _____.

(Coach's name)

PLAYER(S) REQUESTING RELEASE FOR TRYOUTS/PRACTICE:

PLAYER NAME (Print)

BIRTHDATE

_____	_____
_____	_____
_____	_____

EFFECTIVE DATES: FROM _____ THRU _____

MANAGER/COACH SIGNATURE: _____

DATE: _____

LEAGUE REGISTRAR SIGNATURE: _____

DATE: _____