WYSL/Manhattan Soccer Club

PLAYER VOLUNTARY RELEASE FORM

Use this form if a player resigns from a team midway through the soccer year (September 1st to August 31st), and does not intend to register to play for another USYSA travel soccer team. **Please write clearly.**

Player's Name		Club/Team:
Circle One : Male Female Age Group:	Daytime Phone:	Evening Phone:
PARENT (Guardian):	1	1

Parent (guardian), please check off one of the reasons below. If you choose the 3rd reason, please provide an explanation. IMPORTANT: Each rostered player has the right to remain on a team for the entire season (September 1-August 31). You may not be removed without due process.

□ We are moving away. It is too far away to stay with this team.

□ My son/daughter is injured. He/she will not be able to play the rest of the season.

 \Box My son/daughter does not want to be on the team anymore. The reason(s) is (are):

□ My child has not registered to play with another USYSA soccer team for the current season (September 1st to August 31st).

Signature:

Date: