



PLAYER RELEASE FORM

This form is an official request for the release of the player listed below to play outside of their local chapter for one year only.

Release is for the 2016-2017 Winter Season.

PLEASE PRINT CLEARLY

Player's Name: _____ Male Female

Parent's Name: _____

Address: _____ Phone (____) _____

City: _____ State: _____ Zip: _____

Chapter that you reside in: _____ Current Grade: _____

Reason for release: _____

THIS RELEASE IS HEREBY GRANTED BY THE CHAPTER DIRECTOR.

Chapter Director: _____ Date: _____

Chapter Director Signature: _____

Chapter Director Cell #: (____) _____

Chapter that you wish to play for: _____

Team Name: _____

Coach's Name: _____

Coach's Phone Number: (____) _____

Chapter Director's Name: _____

Chapter Director's Phone Number: (____) _____

Copy of Release needs to be sent to NJB All-Net Headquarters for completion