



ARKANSAS SOCCER ASSOCIATION

RELEASE FOR PLAYER AND/OR COACH

DATE: _____

NAME: _____ TEAM: _____

NAME: _____ TEAM: _____

NAME: _____ TEAM: _____

NAME: _____ TEAM: _____

NAME: _____ TEAM: _____

NAME: _____ TEAM: _____

NAME: _____ TEAM: _____

NAME: _____ TEAM: _____

REGISTRAR SIGNATURE

The above names have been requested to be dropped from his/her currently rostered team as indicated. All proper notification has been followed and the release has been authorized by all parties concerned.

Printed Name: _____

Signature: _____