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## **Release Request Form**

NAME (print)	DATE OF BIRTH
ADDRESS	
CITY	STATE ZIP
SIGNATURE – Player	PHONE
SIGNATURE – Parent	PHONE
Player is being removed from roster. Original pa	ss must be surrender with form to the registrar for processing transfer
the current playing season. Teams/Clubs must honor re-	noval from the team's roster on which he/she is registered and rostered during lease requests from players/parents; however, a player who is 'released' from a play for another Premier/Classic team during the same playing season unless
Regional and National eligibility for competition, a team has moved beyond a reasonable travel distance; 2. The p	untarily removing a player from that team's playing roster. To maintain State, n/club may only involuntarily release a player for 1 of 3 reasons: 1. The player player is injured in such a manner that the player will not be able to participate lated rules of the United State Soccer Federation, United State Youth Soccer
Please Note: A release only removes a player from a team; is one team to another.	t does not allow a player to play for another club. A transfer is required to move from
CURENT TEAM:	AGE/DIV LEAGUE
SIGNATURE – Current Team Official	DATE
SIGNATURE – Current Club Official	DATE
REASON	
APPROVE BY PA WEST SOCCER	STATE APPROVAL SEAL
SIGNATURE	
NAME (print)	
TITLE	
DATE	