



Stockton American Youth Soccer

Player Release Form

Player Name _____ Last Name _____ MI _____

Birth Date _____ Age Division _____ Gender _____

Name of Current team _____

Coach Name and Signature _____ Date _____

Parent Name and Signature _____ Date _____

Reason:

Office Use Only

Approved by

Registrar Signature _____ Date _____

President/CEO Signature _____ Date _____

Player's pass must accompany this form