EJRT PLAYER RELEASE FORM

| Player Name: | yer Name: Team Name: | | | |
|----------------------------------|---|---------------------|-------|--|
| Sport: | Age Division: | | | |
| Effective Date: | New Team? | Yes | No | |
| Team Requested: | Age Division: | | | |
| Parent Signature | | Date | | |
| Old Coach Signature | | Date | | |
| New Coach Signature | | Date | | |
| | d and assigned to an area outside of les or attends school without EJRT a | | nool | |
| Notice to Coach: | | | | |
| the original release to | the coach of the team he/she is lead the coach of the new team to which g the player shall attach this release or or office. | h he/she is reassig | gned. | |
| If a player is requesting releas | se, he/she must provide the followir | ng information. | | |
| Reason for requesting release | 2: | | | |
| | | | | |
| Have you been contacted by a | another team's representative? | Yes No | | |
| | from one team to another after the efers between teams is not eligible to ed and signed by the Director. | = | | |
| Director | Date | | | |