



STATEWIDE AMATEUR HOCKEY OF FLORIDA, INC.
RELEASE FORM

Player Information:

Name: Phone #: DOB:

Address: City: Zip:

E-Mail Address: Jersey #:

Rink/League: Team Name:

Age division of last team: Mite Squirt Peewee Bantam Midget U16 Midget U18

Head Coach: Season Played:

I, as parent/guardian of

am requesting him/her to be released from . To the best of

our knowledge, we have satisfied all of our financial obligations to this organization.

Signature Parent/Guardian : Date:

*Response must be made in writing within 10 days of receipt of this request.

Release Approved:

has satisfied his/her financial obligations for release to:

. Date:

Signature/Title:

Release Denied:*

is denied release from this organization due to the following reasons:

Signature/Title: Date:

Contact for questions: Phone #:

*Please note: If this request is denied, the applicant may appeal to: SAHOF Youth Committee