

NC USSSA PLAYER RELEASE FORM

I, _____, wish to be released from the following team:

Date: _____

Team Name: _____ Age Group: _____

Team Manager or Head Coach: _____

I, _____, the team manager or head coach of the above team do hereby agree to release the above player.

Date: _____



FOR TEAM ACCEPTING PLAYER

Team player being released to: _____

Age Group: _____ Coach: _____

Signature of Coach of **new** team _____

Please turn this completed form into **NC USSSA** after all parties have signed.

MAIL TO: NC USSSA PO BOX 3432 WILSON, NC 27895