



IAHA Release request form

Player Information:

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Zip: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Association: \_\_\_\_\_ Team Name: \_\_\_\_\_  
Age division of last team: \_\_\_\_\_ (10U, 12U, 14U, 16U, 18U, 19UGirls, HS)  
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 and are aware of no unresolved disciplinary issues.

Signature Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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

Release Approved:

\_\_\_\_\_ has satisfied his/her financial obligations,  
has no unresolved disciplinary issues and is released to:  
\_\_\_\_\_. Signature/Title: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

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: IAHA