

Pembroke Pines Optimist Soccer
Request For Release
Recreational Soccer program

Player's name _____ Date of birth _____

Parent's name _____

Address _____

City _____ State _____ Zip _____

Phone number _____

Email address _____

Please state reason why you are requesting release _____

By signing this form you authorize the Pembroke Pines Optimist Club (PPO) to remove your child from our soccer program. Prior to December 1st of the seasonal year registered for refunds will be issued less any costs already incurred by PPO. After December 1st, PPO *may* issue partial refunds solely at PPO's discretion. PPO *may* release players back into the FYSA pool for the current season on a case by case basis, but is not required to do so.

Parent's name _____

Parent's signature _____ Date _____