



Georgina Minor Baseball Association

Request for Release

Player Information (Fill in White Areas):		
Player Name:	Birth Date:	
Address (Street, City, Province, Postal Code)		
Parent email		
Home Local Association	Previous Season Team	Previous Season Division
Reason for Request: (Please Choose One):		
<input type="checkbox"/> Cut from Team in Current Age Group <input type="checkbox"/> No team in my Local Association at Current Age Group <input type="checkbox"/> Other (specify below)		
Please discuss other reason for Request:		
Does Player require release from Previous season's Team? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If player is under 18 years of age/Parent/Guardian must sign below, otherwise the player may sign.		
Parent Name:	Signature:	
Date:	Phone Number:	
FOR GMBA USE ONLY		
Release Granted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Parent/Player Contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Release Sent to Player/Parent: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
GMBA President Signature:	Date:	