

**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**