



Palouse Youth Hockey Association

Player Release Form

Player Information:

Name: _____ Phone#: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Parent E-Mail Address: _____

Association being released from: _____

Team Name: _____

Age division of last team: _____ (10U, 12U, 14U, 16U, 18U, 19UGirls, HS)

Last Head Coach: _____ Last Season Played: _____

I, _____ as parent/guardian of _____ am requesting him/her to be released from _____ (association leaving). 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: _____

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

Release Approved:

_____ (player name) has satisfied his/her financial obligations, has no unresolved disciplinary issues, and is released to: _____ (association player will be joining in the upcoming season).

Signature / Title: _____ Date: _____

Release Denied:*

_____ (player name) 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
Please fill out this form, obtain the appropriate signatures, and return to the PYHA President.