



**THIS FORM MUST BE PRINTED OR TYPED AND RETURNED WITH PAYMENT TO THE MSYSA STATE OFFICE AT 9401 GENERAL DRIVE, SUITE 120, PLYMOUTH, MI 48170.**

**PLAYER RELEASE - \$10.00**

CASH WILL NOT BE ACCEPTED. CHECKS MUST BE MADE PAYABLE TO MSYSA.

Voluntary or Involuntary Release: \_\_\_\_\_

Player's First Name: \_\_\_\_\_

Player's Last Name: \_\_\_\_\_

Player's Date of Birth: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Street Address \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone (w/ area code): \_\_\_\_\_

Team Name: \_\_\_\_\_

Age Group: \_\_\_\_\_

League Name: \_\_\_\_\_

Reason for Release: \_\_\_\_\_

**Voluntary Releases will be granted if:**

- The original team suspends operations for the remainder of the seasonal year.
- The player moves to a new address, a distance which in the opinion of the Board, would make it impractical for him to continue with the original team.
- There are mitigating circumstances, which in the opinion of the Board justify a release.
- The release is initiated by the parent/player/guardian

**Involuntary Releases will not be granted if the parent/player signatures do not appear on the MSYSA Release Form and will be granted only if the player is unable to play for one of the following reasons:**

- The player has violated rules of this Association and has been suspended for a period greater than five (5) games.
- The player is injured in such a manner that the player will not be able to participate for the remainder of the season.
- The player moves to a new address, a distance that in the opinion of the Board would make it impractical for him to continue with the original team and has demonstrated an inability to continue in participation on the soccer team.

Once a player is released from a team he/she is eligible to apply for a player transfer. Once the player transfer is approved, that player may register with another team in a MSYSA recognized league. **However, obtaining a player release does not guarantee the player a roster spot on another MSYSA team.**

Player's Signature & Date: \_\_\_\_\_

Parent's Signature & Date: \_\_\_\_\_

Coach's Signature & Date: \_\_\_\_\_

**THIS FORM IS INVALID UNLESS THE MSYSA LOGO/STAMP OF APPROVAL APPEARS ON IT.**