



Player Release Form



- **All parties must sign.**
- **Release form must be accompanied with school document stating the following:**
 - **School Enrollment**
 - **Proof of Residence**
 - **School Seal**
- **Forms must be returned to:**
 INFC Commission Office
 Attn: Release Committee
 1005 S. Main St.
 Broken Arrow, OK 74012

Players Name _____ Grade _____ Date of Birth ____/____/____

Guardians Name _____ Home/Cell (____) ____-____ Work (____) ____-____

Home Address _____

School & School District presently attending _____

Previous Team and Organization played for _____ Number of Years: _____

Organization Requesting Release from (i.e., Home Organization): _____

Organization Requesting Release To: _____

Was Player granted a release in previous year/s _____ If so, what year/s _____

Reason for Requesting Release: _____

Parent/Guardian Signature

Approved

Denied

Initials _____

Official of **Releasing** Organization

Date ____/____/____

Title – Releasing Org.

Committee Chairman

Official of **Receiving** Organization

Tom Lott
INFC Commissioner

Title – Receiving Org.