



RINGETTE ONTARIO PLAYER RELEASE FORM

Completed copies of this form must be received by the Region Membership Services Coordinator by **November 15th**, unless the Region establishes an earlier date.

Player Name	
Player Address	
Player Home Association	

Please provide the name of the Association the Athlete was registered with for the following seasons:

2018-2019 Association	2019-2020 Association	2020-2021 Association

Reason for Request	
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Level of Play/Age Group not available at home association

Age Division:	U12	U14	U16	U19
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Level of Play:	C	B	A	AA
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Other: _____

Offering Team Name & Level of Play	
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The following parties support this release of this player for the upcoming playing season from the _____ Association to the _____ Association.

Role	Printed Name	Signature	Date
Parent/Player			
Releasing Club President			
Releasing Region Membership Coordinator			
Receiving Club President			
Receiving Region Membership Coordinator			