



Union Lake Minor Hockey Association



Release Form

-Please Print

PLEASE NOTE THAT THE USE OF THIS FORM WAIVES ALL RIGHTS TO HAVING THE PLAYER PARTICIPATE WITHIN UNION LAKE MINOR HOCKEY ASSOCIATION. UPON RECEIVING THIS COMPLETED FORM, THE PLAYER IS ELGIBLE TO SEEK REGISTRATION WITH ANOTHER HOCKEY ORGANIZATION.

Player Information

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

HCR#: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Association Team: \_\_\_\_\_ Date: \_\_\_\_\_

*We, hereby, unconditionally release the above-named player and understand that by doing so the player in question can register with another Hockey Association.*

Rationale for Release:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Member: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_