**ONTARIO LACROSSE ASSOCIATION**
RELEASE REQUEST FORM

**Section 1:** Applicant Player (or Parent / Guardian)

On behalf of *Insert Name*, I wish to request a residency release from *Full Association Name* Lacrosse Association for the following reason(s): check all boxes that apply

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| Field No Program ☐ No Space ☐House League☐ Rep☐ Spring ☐ Fall ☐ U9☐ U11☐ U13☐ U15 ☐ U17 ☐ U19 ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Women’s Field No Program ☐ No Space ☐House League☐ Rep☐ U11 ☐ U13 ☐ U15 ☐ U19 ☐\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Box: No Program ☐ No Space ☐ House League☐ Rep☐ Soft Lacrosse ☐ Paperweight☐ Tyke ☐ Novice☐ Peewee☐ Bantam☐ Midget☐ Intermediate ☐ |
| Reason(s) other than programing: Box: ☐ Field: ☐ Women’s Field: ☐ |

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| --- | --- |
| Applicant Player's Name: |  |
| My Relationship to Applicant Player: |  |
| Applicant Player's Full Address: |  |
| Applicant Player's Birth Date: |  |
| Primary Phone: |  |
| Email Address: |  |
| Date of Request Submission: |  |

‘No program’ means that your association does not offer this program at all, or does not offer this program in the division that is applicable for this player. (ie. – no women’s field, or no Tyke rep team). Note: Offering a house league program, when the player is looking for a rep team means that your association does NOT offer the program. Likewise, offering a rep program when the player is looking for house league means that your association does NOT offer the program.

‘No space’ means that your association does offer this program in the division that is applicable for this player, but **this particular players** services are not required to fill the team (ie. player was “cut”). The league / zone registrar will advise ‘next closest center’. The player is expected to register with their next closest center upon receipt of notification.

**Note: Player is required to return to their original resident club in the year following this release.**

**ONTARIO LACROSSE ASSOCIATION**
RELEASE REQUEST FORM

**Section 2:** Lacrosse Association

The Association Name Lacrosse Association hereby:

A) Grants the applicant player an unconditional release.

B) Grants the applicant player a conditional release due to the following conditions:

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| Field No Program ☐ No Space ☐House League☐ Rep☐ Spring ☐ Fall ☐ U9☐ U11☐ U13☐ U15 ☐ U17 ☐ U19 ☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Women’s Field No Program ☐ No Space ☐House League☐ Rep☐ U11 ☐ U13 ☐ U15 ☐ U19 ☐\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Box: No Program ☐ No Space ☐ House League☐ Rep☐ Soft Lacrosse ☐ Paperweight☐ Tyke ☐ Novice☐ Peewee☐ Bantam☐ Midget☐ Intermediate ☐ |
| Reason(s) other than programing: Box: ☐ Field: ☐ Women’s Field: ☐ |

C) Denies the release request for the following reason(s):

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| Release Committee Members: |  |
| Release Hearing Date: |  |
| Name of Association President: |  |