



PLAYER RELEASE FORM

MCCS ATHLETICS - MCAS, YUMA

NAME OF PLAYER REQUESTING RELEASE (*Rank, Last, First*):

ORGANIZATION OF CURRENT ASSIGNMENT (*Unit*):

DATE:

THE PLAYER LISTED ABOVE IS REQUESTING TO PARTICIPATE IN THE FOLLOWING LEAGUE:

(*Sport*)

THE PLAYER LISTED ABOVE IS REQUESTING TO PARTICIPATE IN THE FOLLOWING SEASON :

(*Year*)

ORGANIZATION REQUESTING PLAYER RELEASE (*Unit*):

NAME OF COACH (*Rank, Last, First*):

RELEASING ORGANIZATION AUTHORIZATION

BY SIGNING BELOW, I ACKNOWLEDGE THAT THE ABOVE PLAYER IS AUTHORIZED **FOR RELEASE**,
SINCE HIS/HER RESPECTIVE UNIT WILL NOT BE FIELDING A TEAM IN THIS SPORT.

COMMANDING OFFICER/SERGEANT MAJOR (*Print Rank, Last, First*):

SIGNATURE:

DATE:

PHONE:

GAINING ORGANIZATION AUTHORIZATION

BY SIGNING BELOW, I ACKNOWLEDGE THAT THE ABOVE PLAYER IS AUTHORIZED **TO PARTICIPATE**,
SINCE HIS/HER RESPECTIVE UNIT WILL NOT BE FIELDING A TEAM IN THIS SPORT.

COMMANDING OFFICER/SERGEANT MAJOR (*Print Rank, Last, First*):

SIGNATURE:

DATE:

PHONE: