



## PLAYER RELEASE REQUEST FORM

(Incomplete forms will not be accepted)

Player Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Parent Name(s) \_\_\_\_\_ Email \_\_\_\_\_  
Coach Name \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Current Club \_\_\_\_\_ Team \_\_\_\_\_  
Age U-\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

\_\_\_\_ I acknowledge that I have read TSSA Policy 26, Section C.

\_\_\_\_ Detailed Reason Report is attached (separate page)

\_\_\_\_ [Player Release Fee](#) (Please follow this link to submit your payment)

_____ Player Name	_____ Player Signature	_____ Date
_____ Parent Name	_____ Parent Signature	_____ Date
_____ Current Coach	_____ Current Coach Signature	_____ Date
_____ Current DOC/Pres. Name	_____ Current DOC/Pres. Signature	_____ Date

Upon completion of the Release Request Form please scan, fax or mail to:  
Hans Hobson, Executive Director  
2630 Elm Hill Pike, Suite 100, Nashville, TN 37214  
Email: [hhobson@tnsoccer.org](mailto:hhobson@tnsoccer.org) Fax: 615-590-2205

**\*Ruling on your request will be completed within 10 days from date received.\***

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### For Tennessee State Soccer Association Office Use Only

\_\_\_\_\_  
TSSA VP-Competitive Signature \_\_\_\_\_ Date

\_\_\_\_\_  
TSSA Executive Director Signature \_\_\_\_\_ Date

Payment Type:       Credit Card       E-Check       Check