ST. LOUIS AMATUER BASEBALL ASSOCIATION

PLAYER RELEASE FORM

THIS RELEASE FROM MUST ACCOMPANY ROSTER

A RELEASE IS HEREBY REQUESTED FOR:_____ **FROM:**_____

TO PLAY FOR:_____

PLAYER'S SCHOOL:_____

BIRTH DATE:_____ **STREET ADDRESS:**_____

PH0NE NO._____ **CITY:**_____ **STATE:**_____ **ZIP:**_____

REASON FOR REQUEST: (EXPLAIN)

THIS REQUEST SHALL BE VALID FOR THE PLAYERS'S ELIGIBILITY IN THE SLABA ASSOCIATION FOR THE _____ PLAYING SEASON AND FOR ALL YEARS CARRIED ON THE VARSITY ROSTER.

THIS RELEASE IS CONTINGENT UPON ALL OTHER REQUIREMENTS FOR SLABA BASEBALL BEING FULFILLED, i.e.: PLAYING RULE 2:06 (B)

_____ _____
PLAYER'S SIGNATURE DATE

_____ _____
OFFICIAL OF ORGANIZATION GRANTING RELEASE DATE

_____ _____
OFFICIAL OF ORGANIZATION RECEIVING PLAYER DATE

_____ _____
OTHER SIGNATURES THAT MAY BE NEEDED DATE

_____ _____
SLABA PRESIDENT OR CHAIRMAN OF THE BOARD DATE