UNITED STATES AMATUER SOCCER ASSOCIATION

Amateur Player Release Form

DATE:

**To the EPSA State Registrar:**

Name of the Amateur Player:

Player I.D. Number:

Address:

City, State & Zip:

Is hereby released from the Team:

 of the League:

Name of the Club Manager:

Address:

City, State & Zip:

Contact Email:

***Release approved and granted by:***

EPSA Registrar:

Date: