

BC SOCCER Player Withdrawal Form – Grassroots (For registered youth and adult players withdrawing from soccer for the remainder of the current season)

PLAYER INFORMATION	
Name:	ID #:
Address:	IU II.
City:	Postal Code:
Home Telephone:	Mobile:
Email:	Date of Birth (mm/dd/yyyy):
WITHDRAWING FROM (Relea	ising Team)
Youth District/Adult League:	
Team Name:	
Age Group/Category:	
Division:	
Releasing Team Official Name:	
Position:	
Phone:	
Email:	
Signature:	
Date(mm/dd/yyyy):	
PLAYER DECLARATION Lacknowledge that Lam withdrawi	ng from soccer for the remainder of the current playing season which I am
l acknowledge that I am withdrawi registered. I recognize that if I did o	ng from soccer for the remainder of the current playing season which I am decide to return to soccer within this current playing season, I must complete a les & Regulations RULE 7 – TRANSFER OF PLAYERS.
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I acknowledge that I am withdrawi registered. I recognize that if I did o transfer, subject to BC Soccer's Rule Player Signature	decide to return to soccer within this current playing season, I must complete a es & Regulations RULE 7 – TRANSFER OF PLAYERS. Date
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OFFICE USE ONLY		
Date Received:	Processed by:	