

**ONTARIO LACROSSE ASSOCIATION 2019 RELEASE REQUEST FORM**  
1 Concorde Gate ● Suite 200-C, Box 51 ● Toronto, ON ● M3C 3N6

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| **Section 1: Applicant Player (or Parent / Guardian)** |

On behalf of *Insert Name*, I wish to request a residency release from *Full Association Name* for the following reason(s):

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| **Rep Field Lacrosse:**  No Program  No Space  Spring  Fall  U9  U11  U13  U15  U17  U19 | **Rep Women’s Field Lacrosse:**  No Program  No Space  U11  U13  U15  U19 | **Rep Box Lacrosse:**  No Program  No Space  Soft Lacrosse  Paperweight  Tyke  Novice  Pee Wee  Bantam  Midget  Intermediate |
| **Reason(s) other than programming or space:** | | |

|  |  |
| --- | --- |
| My Relationship to Applicant Player: |  |
| Applicant Player's Full Address: |  |
| Applicant Player's Birth Date: |  |
| Primary Phone: |  |
| Email Address: |  |
| Date of Request Submission: |  |

“No program” means that your association does not offer this program at all, or does not offer this program in the division that is applicable for this player. Offering a house league program, when the player is looking for a rep team means that your association does not offer the program. Likewise, offering a rep program when the player is looking for house league means that your association does not offer the program.

“No space” means that your association does offer this program in the division that is applicable for this player, but **this particular players** services are not required to fill the team (ie. player was “cut”). The league / zone registrar will advise the player of the next closest centre under OLA Rules & Regulations. The player is required to register with their next closest center upon receipt of notification.

**Note: Player is required to return to their original resident club in the year following this release.**



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| **Section 2: Lacrosse Association** |

The Full Association Name hereby:

***Option 1:*** *Grants the applicant player an unconditional release*

***Option 2:*** *Grants the applicant player a conditional release due to the following condition(s):*

|  |  |  |
| --- | --- | --- |
| **Rep Field Lacrosse:**  No Program  No Space  Spring  Fall  U9  U11  U13  U15  U17  U19 | **Rep Women’s Field Lacrosse:**  No Program  No Space  U11  U13  U15  U19 | **Rep Box Lacrosse:**  No Program  No Space  Soft Lacrosse  Paperweight  Tyke  Novice  Pee Wee  Bantam  Midget  Intermediate |
| **Reason(s) other than programming or space:** | | |

***Option 3:*** *Denies the release request for the following reason(s):*

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| **Reason(s) to deny the request:** |

|  |  |
| --- | --- |
| Release Committee Members: |  |
| Release Hearing Date: |  |
| Name of Association President: |  |