

Western Missouri Soccer League, Inc.

Player Deletion Form

TEAM NAME _____

TEAM NUMBER _____ DATE _____

COACH/MANAGER NAME _____

ADDRESS _____

CITY / STATE / ZIP _____

PHONE _____

I am deleting the following player from my roster -

PLAYER'S NAME _____

BIRTH CERTIFICATE NUMBER _____ BIRTH DATE _____

For the following reason -

The player has violated rules of the US Soccer Federation or the USYSA or the State Association.

The player has moved beyond a reasonable travel distance. (Determination of what constitutes reasonable travel distance is subject to definition by the state association.)

The player is injured in such a manner that the player will not be able to participate for the remainder of the season.

Player request.

I request to be released from this team for the following reason _____

Player Signature _____ Date _____

Parent Signature _____ Date _____

Phone Number _____

Player Pass (ID Card) must accompany this form.

LEAGUE USE: PLAYER PASS RECEIVED _____ AND DESTROYED _____