

# Official GSA Youth Player Release Form

(Please fill out and fax to 678-318-3602)

I, \_\_\_\_\_

being the legal guardian of \_\_\_\_\_

would like to have my child released from the \_\_\_\_\_

team in the State of \_\_\_\_\_ . This team plays in the \_\_\_\_\_

age group in the slow pitch softball \_\_\_ fast pitch softball \_\_\_ Boys Baseball \_\_\_ program.

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(Parent/Legal Guardian Signature)

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(Coach Signature (If applicable))

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(Parent/Legal Guardian's Address & Phone Number or some means of contact)

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(State Director's Signature)

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(National Sports Director or Assistant National Sports Director's Signature)