



Player Exit Form

Exiting player must return form to TEAM and CLUB TREASURER by the 5th of the month to avoid owing the team fees for the month

Effective Date of Exit _____

Do you need to be officially released from the NCFC roster? Y/N

Name: _____ Date of Birth: _____
Last First Middle Initial

Parent/Guardian Name(s): _____

Phone: _____
Home Cell #1 Cell #2

Addresses: _____

Email: _____

Team (Birth Year) _____ Boy/Girls _____ Coach _____

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

Team Manager/Treasurer Signature: _____ Date: _____

North Coast Futbol Club

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|----------------|---------------------|
| For Board Use: | Received By: |
| Date received: | Registrar notified: |