Request for Release

The FLORIDA YOUTH SOCCER ASSOCIATION (FYSA), and/or the CLAY COUNTY SOCCER CLUB, INC. (CCSC), require written request from a parent/guardian for a minor player or the written request of a player who has attained the age of eighteen (18).

This request must be accompanied by the required fee representing the expenses of FYSA and CCSC for the processing of the request.

I, as parent/guardian/adult player, hereby request that CCSC release the below identified player from the roster of CCSC. I have enclosed the required processing fee of twenty-five dollars ($25) to process this request.

Player Name: _____

Player Date of Birth: _____

Parent/Guardian/Adult Player

_____ _____ _____
Signature *Print Name* *Date*

Approved:

_____ _____ _____
CCSC Agent of Record *Print Name* *Date*

Processed:

_____ _____ _____
CCSC Registrar *Date*

Mail Request to:

Clay County Soccer Club, Inc.
Attn: Registrar
Post Office Box 9148
Fleming Island Florida 32006

Delivery accepted during office hours.