

# ATHLETE WITHDRAWAL FORM

PLEASE PRINT

PLAYER NAME \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

REASON: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BY SIGNING BELOW, YOU AGREE THAT ALL EQUIPMENT HAS BEEN TURNED IN (IF APPLICABLE) AND THAT WOLFPACK WILL REFUND ALL BUT \$50 OF THE REGISTRATION FEE PRIOR TO FIRST WEEK OF PRACTICE. WITHDRAWALS AFTER PRACTICE HAS BEGUN DURING THE FIRST WEEK, FEES WILL BE REFUNDED AT 75% LESS \$50. ANY WITHDRAWALS BEGINNING THE SECOND WEEK OF PRACTICE, REGISTRATION FEES WILL BE FORFEITED.**

PARENT SIGNATURE \_\_\_\_\_

PARENT NAME \_\_\_\_\_

DATE \_\_\_\_\_

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COMMISSIONER OR COORDINATOR SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

\*\*\*\*\*

Check # \_\_\_\_\_ Date \_\_\_\_\_