



# Sacramento Youth Football Athlete Release Form

Use this form to release an athlete from one youth football organization to the other, to uphold the integrity of the Sacramento Youth Football League (SYF) and its affiliated organizations. The release is a requirement for all SYF Affiliated Youth Football Organizations prior to certification of the athlete to verify the athlete's transfer to the requesting organization is done in good-faith to all organizations involved.

Name of Athlete:		Date of Birth:
Street Address of Athlete:		Contact Phone Number:
City:	State:	Zip Code:
Name of High School Athlete Attending:		
Organization Requesting Release:		
Name of Person Requesting Release:		Contact Phone:
Title of Person Requesting Release:		
Organization Releasing Athlete		
Organization Affiliate of SYF? (circle one)      YES      NO		
Name of Person Releasing Athlete:		Contact Phone:
Title of Person Releasing Athlete		

I understand by signing below I consent to release the athlete listed above to become part of the Sacramento Youth Football League within their affiliated requesting organization (listed above).

\_\_\_\_\_  
Signature of Releasing Organization

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Requesting Organization

\_\_\_\_\_  
Date

**For SYF Use Only:**

Athlete Location Verified:

SYF Approval:

Releasing Organization Verified:

Date Of Approval: