

M.A.Y.S. PLAYER WAIVER RELEASE

PLAYER'S NAME: _____

PLAYER'S PHONE: (____) _____ PLAYER'S DATE OF BIRTH: __/__/__

PLAYER'S ADDRESS: _____

Request Transfer From: _____
Organization Name Age Group & Division

Request Transfer To: _____
Organization Name Age Group & Division

My Reason for requesting this transfer is: _____

Signature of Player _____ Date _____

Signature of President of Organization Transferring From Approved Disapproved _____
Date _____

Signature of President of Organization Transferring To Approved Disapproved _____
Date _____

Signature of President of M.A.Y.S.L. President Approved Disapproved _____
Date _____

Please remit to M.A.Y.S. League Secretary: **Craig Boyle**
10 Auburn Hill Road
Auburn, MA 01501