



VOLUNTARY QUIT FORM

PLAYER INFORMATION

Name of Player Requesting to Quit _____ Player ID # _____

Effective Date of Quit _____

Name of Current Team _____ Team Number _____

Club of Current Team (if applicable) _____

League of Team Player Quitting _____

Players may voluntarily elect to quit a team at any time after they are registered as outlined in the Ohio Soccer Association Policy On Players And Playing Rules. If a player voluntarily requests to be dropped from the team's roster, both the parent/guardian and the player must sign this form.

Reason for Request to Quit _____

ACKNOWLEDGEMENTS

This is to certify that we are voluntarily quitting this team. We understand that this move only opens the team's roster for adding or transferring of other players. For registration purposes, my parents and I understand that if I want to play with another team during the season that I will need to be transferred using the "Transfer Form" found at [here](#). Any request for a transfer must be made within the time limits established by the league of the team being transferred. Neither the coach nor anyone connected with the team encouraged us to quit.

Please submit either the physical player card, or proof (photo) of its destruction when submitting this form. This is required in order to process the quit.

Signature of Player _____ Date _____

Signature of Parent/Guardian _____ Date _____

This is to certify that the player is voluntarily quitting the team. The player was not encouraged to request a voluntary quit.

Signature of Coach of Player's Team _____ Date _____

FOR LEAGUE USE ONLY

APPROVED BY:

League Registrar

Date