



RINGETTE ONTARIO ATHLETE RELEASE FORM

Completed copies of this form must be received by the Region Membership Services Coordinator by **November 15th**, unless the Region establishes an earlier date. Athlete *cannot* step on receiving team ice until approval received by Membership Services.

Athlete Name	
Parent/Athlete Email Address	
Athlete Address	
Athlete Home Association	

Please provide the name of the Club the Athlete was registered with for the following seasons:

2022-2023 Club	2023-2024 Club	2024-2025 Club	2025-2026 Club

Reason for Request	
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Level of Play/Age Group not available at Home Club

Age Division:	U12	U14	U16	U19
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Level of Play:	C	B	A	AA
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Other: _____

Offering Team Name & Level of Play	
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The following parties support this release of this athlete for the upcoming playing season from the _____ Club to the _____ Club.

Role	Club Name	Printed Name	Signature	Date
Parent/Athlete				
Releasing Club President Home				
Releasing Club President 2				
Releasing Club President 3				
Receiving Club President				
Ringette Ontario Membership Coordinator				

****If more than 3 releasing club President signatures are required, please complete another form and attach to this one****