

Southside Adult Kickball Association

Player Removal Request Form

I, _____, Head Coach of _____
(print Head Coach's name) (division and team name)

request the removal of the following player, _____
(player's name)

from the Official Team Roster.

Reason:

_____ moved

_____ injured/not wanting to play

_____ irreconcilable differences

_____ other, please explain _____

Head Coach's Signature: _____ Date of Request: _____
(Head Coach's Signature) (today's date)

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Approved By: _____ Date: _____