



Caithness Amateur Sevens Football Association

Player Release form for: _____

Registration No: _____ Season: _____

Name of Player: _____ Date of Birth: _____

Postal Address: _____

I confirm that I wish to be released from the playing squad of the above named club with effect from the release date detailed below.

I accept that existing video footage will remain available to CASFA and can continue to be posted on the recognised CASFL web site and other social media sites.

Players Signature: _____

Club Secretary: _____ Release Date _____

CASFL-006-Player Release



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