



SEATTLE UNITED

Player Withdrawal Form

Player: _____
Player Name

Team: _____
Team Name Head Coach

Reason: _____
Please note: supporting documentation must be attached from medical professional if season-ending injury per club policy.

Player's last day of participation (practice or game) _____

Player Address: _____

City, State, Zip: _____

Parent/Legal Guardian Signature Date

Parent Name (please print)

Please check box if enrolled in the monthly payment program:

The Commitment Fee paid at time of registration is non-refundable. Monthly club fees are due and payable until such time a player has officially withdrawn from team. **To officially withdraw from a team a player must complete and sign this form and return it to the Seattle United office via e-mail to both the club registrar Paige Blomsø at paige@seattleunited.com and club executive director Kevin Long at executivedirector@seattleunited.com.** The date the withdrawal form is received at club office is the official date of withdrawal. The Player Withdrawal Form must be received in our offices by the 5th of the month, or an entire month's club fee will be due.

Office Use Only

Effective Date (date form received at SU offices): _____

Player Withdrawn in Affinity: _____

Registrar signature

Player Account Settled: _____

Executive Director approval