



Player's Name: _____

Regina Soccer Association

info@reginasoccer.com fax: (306)347-8055

Zoning Release/Placement Application Form

Complete all sections before submitting to the RSA Placement Committee for consideration.

Date received by at the RSA Office: _____

Player's Age: _____ Birthday (mm/dd/yr): _____ Male Female

Present/Home Zone:

- UCT (North Central) RE United (East) ACFC (North West)
- QC United (South) Other (please specify): _____

Most Recent Team Registered with: _____ Year: _____

Division Last Played: _____

Position Last Played: _____

Parent/ Guardian Name: _____

Address: _____

Phone Number: Home: _____ Work: _____ Cell: _____

Email: _____ Fax: _____

Type of Release requested: Seasonal Permanent PSL

Division Requested: _____

Have you previously requested a zoning release? Yes No

Reason for current request:

- No Team in Home Zone
- Previously Released – Year/Season: _____
- Player has requested release
- Late Registration

The purpose of the RSA Placement Committee is to place applicants within zones that need additional players to fulfill program requirements. Other requests will not be considered.

X

Player

X

Parent/Guardian

X

Club President/Technical Director

FOR OFFICE USE ONLY:

Club Released/Placed To: _____

PSL Release **ONLY**

Release Denied/Return to Home Zone

Date Processed: _____