



**RELEASE TO PARTICIPATE IN THE OLYMPIC
DEVELOPMENT PROGRAM OF ANOTHER NATIONAL STATE
ASSOCIATION**

Name(print)_____Date of Birth_____

Address_____

City_____State_____Zip_____

Phone_____PASS #_____

Release to Another NSA's ODP program– The below listed player, having already been granted permission to participate in your state either as a member of one of your teams, or as a member of an NYSWYSA team participating in a league of your state, is hereby released and granted permission to try out for your state's Olympic Development Program.

Release to NYSWYSA's ODP program– The below listed player, having already been granted permission to participate in NYSWYSA either as a member of one of our teams, or as a member of one of your teams participating in a league of our state, is hereby released and granted permission to try out for our state's Olympic Development Program.

Signature – Player

_____Date_____

Signature of NYSWYSA Official

_____Date_____

Name of Other State Association

Signature of Other State Association Official

_____Date_____