

**North American Junior Independent Football Federation**

P.O. Box 760666  
San Antonio, TX 78245

**Coach, Staff, Medical badge  
Release Form**

I, (print name) \_\_\_\_\_ of (print league name) \_\_\_\_\_

do hereby agree to unconditionally release the following coach:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Releasing to (state name of new league): \_\_\_\_\_

**THIS RELEASE IS ONLY VALID FOR THE ACCEPTING LEAGUE LISTED ABOVE.**

Conditions of release:

1. Coach is being released at their request.
2. The losing league is no longer entitled to have subject coach on their roster without a release from the gaining league or coach sits out an entire season.
3. The board must approve the coach release.

\_\_\_\_\_  
Losing Commissioner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
NAJIFF Director of Operations

\_\_\_\_\_  
Date

Gaining League: \_\_\_\_\_

**In accordance with By-Law section 2 page 28, Releases will not be granted if participated in Spring football**