



**Scottish Darts  
Association**

## S.D.A- PLAYER APPLICATION FOR RELEASE

Any player that wishes to apply for a release from the County they are currently registered with, are requested to complete and submit this Application to the respective General Secretary or Principal Organiser of the Member County as currently registered with.

**All applications should be in accordance with S.D.A County League Rules**

**PLAYER RELEASE FORM MUST BE COMPLETED AND SUBMITTED BEFORE A RELEASE MAY BE GRANTED**  
**PLAYER RELEASES ARE NOT PERMISSIBLE DURING THE PLAYING SEASON**

### A. APPLICANT PLAYER DETAILS

Forename: \_\_\_\_\_ Surname: \_\_\_\_\_ MALE FEMALE

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relating to County Area: \_\_\_\_\_

I would like to submit an application for release from my contractual obligations as a current, or most-recently, registered County League Player with the above-named County Area Organisation  
The reason for submitting this request being:

(A) I wish to register as a County Player for another County Organisation: \_\_\_\_\_

(B) I wish to be released from my contractual obligations for personal/private reasons

I declare that, to the best of my knowledge, I hold no property belonging to the County Organisation I am currently, or was most-recently, registered with, nor do I have any outstanding financial or other obligations or commitments appertaining to that County Organisation.

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### B. GRANTING OR WITHHOLDING OF RELEASE APPLICATION

As the designated officer of the County Organisation: \_\_\_\_\_

**I HEREBY AUTHORISE** that the above Player is granted the application for release and confirm that there are no outstanding contractual or other obligations in place.

Full Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As the designated officer of the County Organisation: \_\_\_\_\_

**I HEREBY REFUSE** the application for release to the Player named above on the grounds of outstanding obligations being applicable and as detailed below (continue overleaf if necessary):

This application will be reconsidered on settlement of the above and as per any instruction of the County Area Organiser.

Full Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Copy to be retained by each signatory above and then sent to:**  
**Outgoing (and, if applicable, incoming) SDA Divisional Administrator via email**