STATE _____

DISTRICT _____

UNITED STATES YOUTH SOCCER ASSOCIATION
General Player Release/Transfer Form

PLAYER INFORMATION:

NAME: _____ DATE: _____
First Middle Last

ADDRESS: _____ DOB: _____
Month Day Year

_____
City State Zip

PLAYER ID#: _____ SSN: _____

SIGNATURE: _____ PHONE: _____
Player

SIGNATURE: _____
Parent or Guardian

_____ **REQUEST FOR RELEASE** _____ **REQUEST FOR TRANSFER** _____ **REQUEST FOR INVOLUNTARY RELEASE**
(INDICATE REASON BELOW)

TEAM LEAVING: _____ TEAM GOING TO: _____

CLUB/ASSN: _____ CLUB/ASSN: _____

PLAYING LEAGUE: _____ AGE GROUP: BOYS: _____ GIRLS: _____

SIGNATURE: _____ TITLE: _____ DATE: _____
LEAVING TEAM OFFICIAL

SIGNATURE: _____ TITLE: _____ DATE: _____
LEAVING CLUB OFFICIAL

SIGNATURE: _____ TITLE: _____ DATE: _____
RECEIVING TEAM OFFICIAL

REASON FOR INVOLUNTARY RELEASE:

4.3.12.2212.8.1 Violation of USSF or USYSA Rules (Explain on extra sheet if necessary)

4.3.12.2212.8.2 Player has moved (Explain on extra sheet if necessary)

4.3.12.2212.8.3 Player is injured (Explain on extra sheet if necessary)

REQUESTED ACTION IS: **FOR OFFICIAL USE ONLY**

APPROVED _____ DATE _____

DENIED _____

SIGNATURE: _____ DATE _____
DISTRICT COMMISSIONER/REGISTRAR
(FCSA REGISTRAR)

SIGNATURE: _____ DATE _____
STATE YOUTH COMMISSIONER/STATE REGISTRAR
(FCSA PRES. / COMPETITIVE COMMISSIONER)

Transfer Fee Received
Amount $ _____
Check # _____
Date & Time _____
Money Order _____

12/16/2004