STATE _____

DISTRICT _____

UNITED STATES YOUTH SOCCER ASSOCIATION

FCSA Intra-Club Competitive Player 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 INTRA-CLUB TRANSFER WITHIN THE CLUB/ASSN. OF** _____

TEAM LEAVING: _____ TEAM GOING TO: _____

(Releasing Team from above Club/Assn.) (Receiving Team from above Club/Assn.)

PLAYING LEAGUE: _____ PLAYER'S AGE GROUP: BOYS: _____ GIRLS: _____

SIGNATURE: _____ TITLE: _____ DATE: _____

RELEASING TEAM OFFICIAL

SIGNATURE: _____ TITLE: _____ DATE: _____

RECEIVING TEAM OFFICAL

SIGNATURE: _____ TITLE: _____ DATE: _____

CLUB OFFICIAL

I certify by my signature below that: (a) I consent to the above requested intra-club transfer, (b) I agree that moving the above player to the Receiving Team is in the best interest of the above player and both teams, (c) considering all players moving between these two teams during this transfer period, moving the above player will not decrease the Releasing Team's roster below 14 players for teams playing 11v11 or below 10 players for teams playing 8v8, and (d) considering all players moving between these two teams during this transfer period, moving the above player will not increase the Receiving Team's roster above 18 players for teams playing 11v11 or above 14 players for teams playing 8v8.

_____ _____ _____

Signature of Releasing Coach Signature of Receiving Coach Signature of Parent or Guardian

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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)

FOR OFFICIAL USE ONLY

# of players on Releasing Team: _____

Receiving Team: _____

Signatures: _____

12/16/2004