



California Youth Soccer Association - South
20 ____ - 20 ____ SEASON
PLAYER RELEASE AND TRANSFER FORM



PLAYER INFORMATION:

Player Name	Date of Birth (mm/dd/yyyy)	Cal South Player I.D. #
Street Address	City	Zip
		Telephone

RELEASE REQUEST (From):

Reason for Release:

Team Name: | Team Number As Shown on the USYSA Player ID Card |

Acknowledged: Player Signature Date: / /

Acknowledged: Parent or Guardian Signature Date: / /

Approved: Team Official Signature / Title Date: / /

Approved: League Registrar Signature Date: / /

Approved: District Commissioner Signature Date: / /

TRANSFER REQUEST (To):

Team Name: Team Number (include District, League, Club, Gender, Age, Number	
Acknowledged: Player Signature Date: / /	
<p><u>IMPORTANT: USYS MEMBER PASS <u>MUST</u> BE RETURNED WITH THIS FORM</u></p> <p>STAPLE MEMBER PASS HERE. Please staple with printed member information facing up.</p>	Acknowledged Parent or Guardian Signature Date: / /
	Approved Team Official Signature Title (Abbr.) Date: / /
	Approved League Registrar Signature Date: / /
	Approved District Commissioner Signature Date: / /
	Medical Release Attached: Yes No

MUST BE PROCESSED WITHIN 30 DAYS AFTER PARENT OR GUARDIAN SIGNATURE