



UNITED STATES YOUTH SOCCER ASSOCIATION, INC.

Player Release/Transfer Form

PLAYER INFORMATION

Name: _____
First Middle Last

Date: _____

Address: _____
Street

DOB:

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Month Day Year

City State Zip

Phone: _____

Player ID# _____

Signature: _____
Player

Signature: _____
Parent or Guardian

CHECK ONE BOX

REQUEST FOR RELEASE

REQUEST FOR TRANSFER

REQUEST FOR INVOLUNTARY RELEASE

Team: _____

Age Group

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Boys Girls

Club: _____

Signature: _____
Team Official Title

Date: _____

Signature: _____
Club Official Title

Date: _____

Reason for Involuntary Release:

4.3.12.2212.8.1 Violation of USSF or USYSA Rules (Explain, Use extra sheets as necessary)

4.3.12.2212.8.2 Player Has Moved (Explain, Use extra sheets as necessary)

4.3.12.2212.8.3 Player Is Injured (Explain, Attach Physician's Statement)

FOR OFFICIAL USE ONLY

Requested action is:

Approved Disapproved

Signature: _____
GCSA Competitive Registrar

Date: _____

Signature: _____
State Youth Commissioner/State Registrar

Date: _____