



# 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: \_\_\_\_\_