Request for Release and Permission to Transfer Affidavit



Player Name	ID #
Existing Team Name	Age division
Existing Club Name	
Parents Name	
Home Address	
I have or plan to contact the following team/representative for player privileges a possible transfer:	
Team Representative:(Name / Position)	
Team:	Age Division
In accordance with GCSA by-laws Section 1-F any coach or individual player representing the except as stated below. Furthermore, I have not been previously requestith any other team as stated below.	ne above team or any other team
My request is of my own free will without any party except as stated below.	solicitations of any nature from any
I understand that violations in accordance wit 1-F may result in up to a year suspension to of	<u> </u>
Date and nature of contact:	
Parent Signature:	
Player Signature:	