California Youth Soccer Association - South
20 1 0 - 20 1 1 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: _____ **Date:** _____/_____/_____
Player Signature

Acknowledged: _____ **Date:** _____/_____/_____
Parent or Guardian Signature

Approved: _____ / _____ **Date:** _____/_____/_____
Team Official Signature **Title**

Approved: _____ **Date:** _____/_____/_____
League Registrar Signature

Approved: _____ **Date:** _____/_____/_____
District Commissioner Signature

TRANSFER REQUEST (To):

Team Name: _____ |_____|
Team Number (include District, League, Club, Gender, Age, Number

Acknowledged: _____ **Date:** ____/_____/_____
Player Signature

IMPORTANT: USYS MEMBER PASS MUST BE RETURNED WITH THIS FORM

STAPLE MEMBER PASS HERE.
Please staple with printed member information facing up.

_____ **Date:** ____/_____/_____
Acknowledged Parent or Guardian Signature

_____ / _____ **Date:** ____/_____/_____
Approved Team Official Signature **Title (Abbr.)**

_____ **Date:** ____/_____/_____
Approved League Registrar Signature

_____ **Date:** ____/_____/_____
Approved District Commissioner Signature

Medical Release Attached: **Yes** _____ **No** _____

MUST BE PROCESSED WITHIN 30 DAYS AFTER PARENT OR GUARDIAN SIGNATURE