

SOUTH TEXAS Youth Soccer Association

Seasonal Year	r/
☐ Fall	☐ Spring

PLAYER TRANSFER / RELEASE

Please type or print neatly. All information must be completed prior to the transaction being processed.

PLAYER INFORMATION: ID #	Date of Birth:	Registration Confirmation #:	
Name:		Phone:	
Address:	City:	State:	Zip Code:
Player Signature:	Parent / Guardian Signature:		
Comments:			
RELEASING TEAM:			
Association Name:	Coach's Name:		Phone:
Club Name:	The signature of the	Releasing Coach is	not Required.
Team Name:	Club Registrar's Signature:		Date:
Team Code:	Assn Registrar's Signature:		Date:
IF PLAYER IS TRANS	SFERRING TO ANOTHER TEAM – FILL	OUT INFORMA	ΓΙΟΝ BELOW.
RECEIVING TEAM:			
Association Name:	Coach's Name:		Phone:
Club Name:	Coach's Signature:		Date:
Team Name:	Club Registrar's Signature:		Date:
Team Code:	Assn Registrar's Signature:		Date:

Attach a copy of the Player's Penalty Point Summary prior to submitting this form to the Association Registrar.