



California Youth Soccer Association - South
20 ___ - 20 ___ 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