



SOUTH TEXAS YOUTH SOCCER

Seasonal Year _____ / _____

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: _____

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 TRANSFERRING TO ANOTHER TEAM: FILL OUT INFORMATION 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: _____