



# UNITED STATES YOUTH SOCCER ASSOCIATION, INC.

## Player Release/Transfer Form

### PLAYER INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ DOB: \_\_\_\_\_  
Street Month Day Year

City State Zip Phone: \_\_\_\_\_

Player ID# \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
Player Parent or Guardian

REQUEST FOR RELEASE       REQUEST FOR TRANSFER       REQUEST FOR INVOLUNTARY RELEASE

Team: \_\_\_\_\_ Age Group **U** \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_

Club: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Team Official Title

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Club Official Title

### Reason for Involuntary Release:

4.3.12.2212.8.1 Violation of USSF or USYSA Rules (Explain, Use extra sheets as necessary)

4.3.12.2212.8.2 Player Has Moved (Explain, Use extra sheets as necessary)

4.3.12.2212.8.3 Player Is Injured (Explain, Attach Physician's Statement)

## FOR OFFICIAL USE ONLY

Requested action is: Approved \_\_\_\_\_  
Disapproved \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Competitive Registrar or OSA Staff

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
State Youth Commissioner/State Registrar

### CHECK ONE BOX