



# SOUTH TEXAS Youth Soccer Association

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: \_\_\_\_\_