



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: _____