

TYPE TRANSACTION	
1.	REQUEST FOR VOLUNTARY RELEASE
2.	REQUEST FOR INVOLUNTARY RELEASE
3.	REQUEST FOR TRANSFER INSIDE SC
4.	REQUEST FOR TRANSFER TO SC

SOUTH CAROLINA YOUTH SOCCER ASSOCIATION

Affiliated with The United States Youth Soccer Association



TRANSACTION REQUEST
DATE NEEDED:
MAIL PASS/ROSTER TO:

PLAYER RELEASE/TRANSFER FORM

PLAYER INFORMATION							
PLAYER ID	LAST NAME, FIRST NAME	SEX	ADDRESS	CITY	STATE	ZIP	BIRTHDATE

Player Signature

Date

Print Player's Name

Parent/Guardian Signature

Date

Telephone

RELEASE OR TRANSFER FROM				
CLUB INFORMATION				
Number	Name			
TEAM INFORMATION				
Number	Name	Sex	Age	Div

TRANSFER TO				
CLUB INFORMATION				
Number	Name			
TEAM INFORMATION				
Number	Name	Sex	Age	Div

EXPLANATION REQUIRED FOR ALL TRANSACTIONS				
<i>Explain:</i>				
<i>I certify that the above information is true and correct</i>				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> _____ RELEASING TEAM COACH (Signature) Date </td> <td style="width: 50%; border: none;"> _____ RECEIVING TEAM COACH (Signature) Date </td> </tr> <tr> <td style="border: none;"> _____ RELEASING TEAM COACH (Printed Name) </td> <td style="border: none;"> _____ RECEIVING TEAM COACH (Printed Name) </td> </tr> </table>	_____ RELEASING TEAM COACH (Signature) Date	_____ RECEIVING TEAM COACH (Signature) Date	_____ RELEASING TEAM COACH (Printed Name)	_____ RECEIVING TEAM COACH (Printed Name)
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_____ RELEASING TEAM COACH (Printed Name)	_____ RECEIVING TEAM COACH (Printed Name)			

IF INVOLUNTARY RELEASE			
<input type="checkbox"/>	Player Moved	<input type="checkbox"/>	Rules Violation
<input type="checkbox"/>		<input type="checkbox"/>	Player Sustained Season Ending Injury (Attach Physician's Statement)
<i>Explain:</i>			

I certify that the above information is true and correct

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RELEASING CLUB Registrar

Date

RECEIVING CLUB Registrar

Date

South Carolina Youth Soccer State Registrar/Designee

Date
Rev. 5/13