



California Youth Soccer Association - South
 20 ___ - 20 ___ SEASON
 PLAYER RELEASE AND TRANSFER FORM



PLAYER INFORMATION:

_____	_____	_____
Player Name	Date of Birth	Cal South Player I.D. #
_____	_____	_____
Street Address	City	Zip
_____	_____	_____
		Telephone

RELEASE REQUEST (From):

Reason for Release _____

Team Name: _____

 Team Number As Shown on the Cal South Player I.D. Card

Acknowledged: _____ Date: _____

 Player Signature

Acknowledged: _____ Date: _____

 Parent or Guardian Signature

Approved: _____ Date: _____

 Team Official Signature Title

Approved: _____ Date: _____

 League Registrar Signature

Approved: _____ Date: _____

 District Commissioner Signature

TRANSFER REQUEST (To):

Team Name: _____

 Team Number (include District, League, Club, Gender, Age Number)

_____ Date: _____

 Acknowledged Player Signature

_____ Date: _____

 Acknowledged Parent or Guardian Signature

_____ Date: _____

 Approved Team Official Signature Title

_____ Date: _____

 Approved League Registrar Signature

_____ Date: _____

 Approved District Commissioner Signature

IMPORTANT: CAL SOUTH MEMBER PASS MUST BE RETURNED WITH THIS FORM.

STAPLE MEMBER PASS HERE.
 Please staple with printed member information facing up

Medical Release Attached: Yes No