

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>	
_____ RELEASING TEAM COACH (Signature)	_____ RECEIVING TEAM COACH (Signature)
_____ RELEASING TEAM COACH (Printed Name)	_____ RECEIVING TEAM COACH (Printed Name)

*I certify that the above information is true and correct*

IF INVOLUNTARY RELEASE			
Player Moved	Rules Violation	Player Sustained Season Ending Injury (Attach Physician's Statement)	
<i>Explain:</i>			
Approved		<i>I certify that the above information is true and correct</i>	
Disapproved		_____ SCYSA District Commissioner	_____ Date

*I certify that the above information is true and correct*

\_\_\_\_\_  
RELEASING CLUB Registrar

\_\_\_\_\_  
Date

\_\_\_\_\_  
RECEIVING CLUB Registrar

\_\_\_\_\_  
Date

\_\_\_\_\_  
South Carolina Youth Soccer State Registrar/Designee

\_\_\_\_\_  
Date