



STYSA

South Texas Youth Soccer Association

20____/____

Fall Spring

PLAYER TRANSFER/RELEASE

Please type or print neatly.

PLAYER INFORMATION: I.D. # _____

Name _____ Address _____ City _____ State _____ Zip _____

Phone _____ Birthdate _____ Player Signature _____

Parent/Guardian Signature _____

Reason for Transfer if Fall Season _____

Reason for Release _____

RELEASING TEAM:

Association _____ Coach's Name _____ Phone _____
Name

Club _____
Name

Team Name _____ Club Registrar's Signature _____ Date _____

Team ID # (XX XX XXX XXX) _____ Assn. Registrar's Signature _____ Date _____

IF TRANSFER — FILL OUT INFORMATION BELOW

RECEIVING TEAM:

Association _____ Coach's Name _____ Phone _____
Name

Club _____ Coach's Signature _____ Date _____
Name

Team Name _____ Club Registrar's Signature _____ Date _____

Team ID # (XX XX XXX XXX) _____ Assn. Registrar's Signature _____ Date _____