



SOUTH TEXAS Youth Soccer Association

PLAYER TRANSFER / RELEASE

Seasonal Year ____ / ____

Fall Spring

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: _____

Parent/Guardian Signature: _____ Player Signature: _____

Parent/Guardian Name (printed): _____

Comments: _____

RELEASING TEAM:

Team Name: _____ *DOC Signature: _____ Date: _____

Team Code: _____ Coach's Name: _____ Phone: _____

Club Name: _____ **Club** Registrar's Signature: _____ Date: _____

Association Name: _____ **Assn** Registrar's Signature: _____ Date: _____

**DOC (Director of Coaching) Signature may not be required, check with your registering Association regarding signature requirements*

IF PLAYER IS TRANSFERRING TO ANOTHER TEAM – FILL OUT INFORMATION BELOW

RECEIVING TEAM:

Team Name: _____ *DOC Signature: _____ Date: _____

Team Code: _____ Coach's Name: _____ Phone: _____

Club Name: _____ **Club** Registrar's Signature: _____ Date: _____

Association Name: _____ **Assn** Registrar's Signature: _____ Date: _____

**DOC (Director of Coaching) Signature may not be required, check with your registering Association regarding signature requirements*