



UNITED STATES YOUTH SOCCER ASSOCIATION, INC.

Player Release/Transfer Form



PLAYER INFORMATION

Name: _____ Date: _____
First Middle Last

Address: _____ DOB: _____
Street Month Day Year

_____ Phone: _____
City State Zip

Player ID# _____

Signature: _____ Signature: _____
Player Parent or Guardian

REQUEST FOR RELEASE **REQUEST FOR TRANSFER *** **REQUEST FOR INVOLUNTARY RELEASE**

*For an inter-club transfer, both clubs must approve the transfer.
 The former club releases the player, and the new club will accept the change in registration.

CLUB RELEASING FROM:

Club: _____

Team: _____ Age Group **U** ___ Boys ___ Girls ___

Signature: _____ Date: _____
Team Official Title

Signature: _____ Date: _____
Club Official Title

CLUB TRANSFERRING TO (Acceptor):

Club: _____

Team: _____ Age Group **U** ___ Boys ___ Girls ___

Signature: _____ Date: _____
Team Official Title

Signature: _____ Date: _____
Club Official Title

*For an involuntary release or request to transfer without club approval, there is a transfer window from December 15th – January 15th. Requests before or after this time period will not be considered. Requests will be reviewed after January 15th and notified of results by February 1. All Competitive Transfer Requests will be reviewed and either approved or denied on the merits of the request by the OSA Competitive Vice President, or his/her assigned designee. **There is a \$100 transfer request fee that is not refundable.***

Reason for Involuntary Release:

4.3.12.2212.8.1 Violation of USSF or USYSA Rules (Explain, Use extra sheets as necessary)

4.3.12.2212.8.2 Player Has Moved

4.3.12.2212.8.3 Player Is Injured

FOR OFFICIAL USE ONLY

Requested action is: Approved _____ Disapproved _____

Signature: _____ Date: _____
Competitive Registrar or OSA Staff