SOUTH TEXAS
Youth Soccer Association

PLAYER TRANSFER / RELEASE

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:  ________ __
Player Signature: ________________________________  Parent / Guardian Signature: _____________________________________________________
Comments: __________________________________________________________________________________________________________________

RELEASING TEAM:
Association Name:  ___________________________________  Coach’s Name: ___________________________________   Phone: __________________
Club Name:  ________________________________________  The signature of the Releasing Coach is not Required.
Team Name:  ________________________________________ Club Registrar’s Signature: _________________________ Date: _____________ ___
Team Code:  _________________________________________ Assn Registrar’s Signature: _________________________ Date: ___________ ________________

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

RECEIVING TEAM:
Association Name:  ___________________________________  Coach’s Name: ___________________________________   Phone: __________________
Club Name:  ________________________________________  Coach’s Signature: ________________________________ Date: ______________
Team Name:  ________________________________________ Club Registrar’s Signature: _________________________ Date: _____________ ___
Team Code:  _________________________________________ Assn Registrar’s Signature: _________________________ Date: ___________ ________________