



**South Texas
Youth Soccer Association**

STYSA

Please Type or Print Neatly.

19____/____

Fall Spring

PLAYER TRANSFER/RELEASE

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 I.D.# (xx xx xxxx xxx) _____ Assn. Registrar's Signature _____ Date _____

IF TRAFNER - FILL OUT INFORMATION BELOW.

RECEIVING TEAM:

Association _____ Coach's Name _____ Phone _____

Club _____ Coach's Signature _____ Date _____

Team Name _____ Club Registrar's Signature _____ Date _____

Team I.D.# (xx xx xxxx xxx) _____ Assn. Registrar's Signature _____ Date _____