TYPE TRANSACTION	
	1. REQUEST FOR VOLUNTARY RELEASE
	2. REQUEST FOR INVOLUNTARY RELEASE
	3. REQUEST FOR TRANSFER INSIDE SC
	4. REQUEST FOR TRANSFER TO SC

SOUTH CAROLINA YOUTH SOCCER ASSOCIATION

Affiliated with The United States Youth Soccer Association

TRANSACTION REQUEST
DATE NEEDED:
MAIL PASS/ROSTER TO:

PLAYER RELEASE/TRANSFER FORM

PLAYER INFORMATION							
PLAYER ID	LAST NAME, FIRST NAME	SEX	ADDRESS	CITY	STATE	ZIP	BIRTHDATE

Player Signature *Date* *Print Player's Name* *Parent/Guardian Signature* *Date* *Telephone*

RELEASE OR TRANSFER FROM				
CLUB INFORMATION				
Number	Name			
TEAM INFORMATION				
Number	Name	Sex	Age	Div

TRANSFER TO				
CLUB INFORMATION				
Number	Name			
TEAM INFORMATION				
Number	Name	Sex	Age	Div

EXPLANATION REQUIRED FOR ALL TRANSACTIONS
Explain:
I certify that the above information is true and correct
RELEASING TEAM COACH (Signature) Date RECEIVING TEAM COACH (Signature) Date

IF INVOLUNTARY RELEASE					
	Player Moved		Rules Violation		Player Sustained Season Ending Injury (Attach Physician's Statement)
Explain:					
	Approved	*I certify that the above information is true and correct*			
	Disapproved	SCYSA District Commissioner Date			

I certify that the above information is true and correct

CLUB Registrar Date

I certify that the above information is true and correct

South Carolina Youth Soccer State Registrar/Designee Date