

## PLAYER - TRANSFER / RELEASE 2019/2020

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: \_\_\_\_\_

### 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: \_\_\_\_\_

\* Must be filled out in its entirety and emailed back to [theregistrar@aaysa.org](mailto:theregistrar@aaysa.org) for Association Signature of AAYSA teams & processing\*