



PLAYER / TEAM STATUS FORM

To Transfer and Drop Players

NAME (print) _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE: _____ ZIP: _____

SIGNATURE – Player _____ PHONE _____

SIGNATURE – Parent _____ PHONE _____

**THIS FORM MUST BE COMPLETED IN FULL
OR IT WILL NOT BE PROCESSED.**

PRESENT TEAM / CLUB _____

ADDRESS _____

AGE DIVISION _____

LEAGUE _____

TRANSFER REQUEST Player is being transferred from another team.

NEW TEAM / CLUB _____

ADDRESS _____

AGE DIVISION _____

LEAGUE _____

REQUEST FOR RELEASE

REQUEST FOR INVOLUNTARY RELEASE (LIST REASON IN SPACE PROVIDED BELOW)

SIGNATURE – LEAGUE REGISTRAR _____ DATE _____

PLAYER / TEAM STATUS FORM – DISTRIBUTION

TRANSFER – Send one copy to each of the following:

- GAINING TEAM
- DESIGNATED LEAGUE REGISTRAR
- LOSING TEAM

RELEASE – Send one copy to each of the following:

- PLAYER / PARENT
- DESIGNATED LEAGUE REGISTRAR
- LOSING TEAM