



PLAYER / TEAM STATUS FORM

To Transfer and Drop Players

THIS FORM MUST BE COMPLETED IN FULL OR IT CAN NOT BE PROCESSED

PLAYER

NAME (print) _____ DATE OF BIRTH _____

PARENT NAME _____ TELEPHONE NO. _____

ADDRESS _____
STREET CITY/TOWN STATE ZIP

SIGNATURE OF PLAYER

SIGNATURE OF PARENT

PLAYER'S PRESENT TEAM / CLUB

NAME OF TEAM / CLUB _____

ADDRESS _____
STREET CITY/TOWN STATE ZIP

LEAGUE _____ AGE GROUP OF TEAM _____ GENDER OF TEAM _____

LEAGUE REGISTRAR'S NAME _____ EMAIL ADDRESS _____

PURPOSE OF FORM

REQUEST FOR TRANSFER TO NEW TEAM The Player is being transferred from Present Team to another.

NEW CLUB / TEAM _____

ADDRESS _____
STREET CITY/TOWN STATE ZIP

LEAGUE _____ AGE DIVISION OF TEAM _____ GENDER OF TEAM _____

REQUEST FOR RELEASE The Player wants to be released from his/her Present Team.

REQUEST FOR INVOLUNTARY RELEASE List the reason(s) for Request for Involuntary Release Below.

REGISTRAR OF LEAGUE TO WHICH PLAYER IS TRANSFERRING

If the Player's NEW team is in a Massachusetts League, this form MUST be signed by that League's Registrar. If the Player's NEW team is in a Region 1 league, this form must be signed by the State Registrar, Maureen LaRoche, at the Massachusetts Youth Soccer Association office. Contact Maureen at mlaroche@mayouthsoccer.org.

LEAGUE REGISTRAR'S NAME _____ EMAIL ADDRESS _____

DATE _____

SIGNATURE OF REGISTRAR

A COPY OF THIS FORM MUST BE SENT TO EACH OF THE FOLLOWING:

FOR A PLAYER TRANSFER

- Team from which Player is transferring
- Registrar of the League to which the Player is transferring
- Team to which Player is transferring

FOR A PLAYER RELEASE

- Player and Parent
- Designated League Registrar
- Team from which Player is being released