

REGION II INTERSTATE RELEASE / TRANSFER

This form must be completed for any player requesting permission to play on a team in a State Association other than the state in which they reside with their parent/legal guardian. Any player moving from one State Association to another during the Seasonal Year must also complete this form. It is the responsibility of the player and/or the parent to submit the form to the appropriate parties within both the releasing and accepting State Associations.

TYPE OF RELEASE: Please indicate the type of release you are seeking.

Interstate Release—resides in one state but wishes to play with a team in another state association.

Relocation Release—player has moved from one state to another.

PLAYER INFORMATION

Player Name: _____ Date of Birth: _____ ID # _____

Street Address: _____ City: _____ State: _____ Zip: _____

Name of Parent:/Guardian: _____ Date: _____

TEAM INFORMATION: Please complete for last/current team in releasing state association.

Name of Team: _____ Age Group: _____

State: _____ League: _____ Date Last Played: _____

As of this date, I am rostered OR I am not rostered to more than one team. If rostered to more than one team, give name(s) of additional team(s): _____

I have been OR I have not been rostered to a team that participated in US Youth Soccer National Championship (State Cup) play during this season year.

TEAM INFORMATION: Please complete information for accepting state association.

Club: _____ League: _____

Teams Name: _____ Age Group: _____

Coach: _____ Phone: _____

STATE REGISTRAR/STATE OFFICE USE ONLY

Releasing State Association Approval

State Association: _____

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Accepting State Association:

State Association: _____

Signature: _____

Printed Name: _____

Title: _____

Date: _____