



# IDAHO YOUTH SOCCER ASSOCIATION PLAYER ADD/TRANSFER/RELEASE FORM

## PLAYER INFORMATION:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ DOB: \_\_\_\_\_  
Street  
City State Zip Phone: \_\_\_\_\_

Player ID#: \_\_\_\_\_ e-mail address: \_\_\_\_\_

\*Signature: \_\_\_\_\_ \*Signature: \_\_\_\_\_  
Player Parent or Guardian

### CHECK ONE BOX

REQUEST TO ADD       REQUEST FOR TRANSFER       REQUEST FOR RELEASE

Team Name Player is Adding/Transferring to: \_\_\_\_\_ Team #: \_\_\_\_\_  
(Please Print)

Approved       Disapproved      U-\_\_\_\_ Boys/Girls (circle one)

\*Coach: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### TRANSFER FROM: \_\_\_\_\_

Team Name: \_\_\_\_\_ Team #: \_\_\_\_\_ U-\_\_\_\_ Boys/Girls (circle one)  
(Please Print)

Approved       Disapproved

\*Coach: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If disapproved please state reason: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

Approved       Disapproved      Reason/Comments: \_\_\_\_\_

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Organizational Member Registrar

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
State Registrar

\* Form will not be processed without required signatures