

PLAYER RELEASE FORM



Name of Club/ Team:				ug 1 - Nov 1	No Transfers
Age Group: U BOYS: GIRLS:				ov 1 – Feb 1	Free Transfer
Coach:				eb 1 – Apr 1	\$200 Transfer Fee
Coat	٠١١		A	pr 1 - June 1	No Transfers
	Dlaver Neme		Tolonhor		
Player Name			Telephor	le	
Address			Ema	iil	
City/State/Zip			Date of Release		
Check the appropriate box below for Player Release or Transfer and check the reason below					
	RELEASE	Player no longer wishes to participate as a US Youth Soccer player.			
		Player has moved beyond a reasonable travel distance from the team			
		Player has violated US Soccer, US Youth Soccer or Kentucky Youth Soccer Rules as described on the attached document.			
		Player has been injured in such a manner as not to be able to participate for the remainder of the season.			
	TRANSFER	Transfer (List Specific Team and Club in space provided)	(Note: Feb 1st there is a \$200 Transfer Fee to KYSA)		
The undersigned certify that the above player is requesting a Release/Transfer.					
Parent/Guardian			Play	er	
Signature			Signatu	е	
Date			Da	te	
Club President or State Officer					
Club Registrar Signature/Title			Signature/Tit		
Date			Da	te	
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