



PLAYER RELEASE FORM



Name of Club/ Team: _____

Age Group: U-_____ BOYS: _____ GIRLS: _____

Coach: _____

Player Transfer	Deadlines
Aug 1 - Nov 1	No Transfers
Nov 1 - Feb 1	Free Transfer
Feb 1 - March 1	\$200 Transfer Fee
March 1 - June 1	No Transfers

Player Name		Telephone	
Address		Email	
City/State/Zip		Date of Release	

Check the appropriate box below for Player Release or Transfer and check the reason below

<input type="checkbox"/>	RELEASE	<input type="checkbox"/>	Player no longer wishes to participate as a US Youth Soccer player.
		<input type="checkbox"/>	Player has moved beyond a reasonable travel distance from the team
		<input type="checkbox"/>	Player has violated US Soccer, US Youth Soccer or Kentucky Youth Soccer Rules as described on the attached document.
		<input type="checkbox"/>	Player has been injured in such a manner as not to be able to participate for the remainder of the season.
<input type="checkbox"/>	TRANSFER	<input type="checkbox"/>	Transfer (List Specific Team and Club in space provided) <i>(Note: Feb 1st there is a \$200 Transfer Fee to KYSA)</i>

The undersigned certify that the above player is requesting a Release/Transfer.

Parent/Guardian		Player	
Signature		Signature	
Date		Date	

Club President or Club Registrar		State Officer	
Signature/Title		Signature/Title	
Date		Date	