

Maryland State Youth Soccer Association

Affiliated with the United States Soccer Federation



TRAVEL PLAYER RELEASE/TRANSFER FORM

Player Name:				M / F		
Legal Last Name		Legal First Name		Gender	Player ID# (found on player card)	
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Street Address		City	State	Zip	D.O.B (mm/dd/yyyy)	
RELEASE REQUEST: Complete for play	yer to be removed	l from cur	rent team roster.	Player Pass must	t be destroyed by team official	
Reason for Release:						
Player Status on Team (check one):	Primary:		Multiple Roster:		League Only:	
Club Name:						
Team Birth Year:	Team Gender:	M/F	League:		Date:	
TRANSFER REQUEST/NEW TEA		IATIO	Details of team	n being transferre	ed to	
Club Name:						
Team Birth Year:						
PARENT CERTIFICATION						
As of this date, I AM Rostered OR I A	M NOT rost	ered to m	ore than one tear	m.		
Date: of last participati	ion in a MSYSA Sta	ite Cup ga	me? (Put N/A if n	ot applicable)		
Player Signature:	r Signature: Date:					
I affirm that all information provided regardin	ng my son/daught	er is com	olete and correct.	I have received	and read the accompanying page to	
this form which describes Player Right	s. I agree to upho	ld and be	bound by MSYSA	and USYSA Byla	aws, Policies and Procedures.	
Parent/Guardian Signature:						
Email Address:			Phone: () -	Date:	