



Maryland State Youth Soccer Association
Affiliated with the United States Soccer Federation



TRAVEL PLAYER TRANSFER FORM

Player Name: _____ M / F _____
Last First Gender Player Association ID (found on player card)

_____ / ____ / ____
Street Address City State Zip D.O.B (mm/dd/yyyy)

RELEASE REQUEST: Complete for player to be removed from current team roster. Player Pass must be destroyed by team official

Reason for Release: _____

Player Status on Team (check one): Primary: Multiple Roster: League Only:

Club Name: _____ Team Name: _____

Team Birth Year: _____ Team Gender: M / F League: _____ Date: _____

NEW TEAM INFORMATION: Details of team being transferred to

Club Name: _____ Team Name: _____

Team Birth Year: _____ Team Gender: M / F League: _____ Date: _____

As of this date, I AM Rostered..... OR I AM NOT rostered to more than one team.

Date: _____ of last participation in a MSYSA State Cup game?
Month Year

Player Signature: _____ Date: _____

I affirm that all information provided regarding my son/daughter is complete and correct. I have received and read the accompanying page to this form which describes Player Rights. I agree to uphold and be bound by MSYSA and USYSA Bylaws, Policies and Procedures.

Parent/Guardian Signature: _____

Email Address: _____ Phone: (_____) - _____ Date: _____