



# Request for Player Transfer/Release

## Instructions

1. Player Transfer: Sections A, B and C are to be completed in full by the designated parties.
2. Player Release: Sections A and B are to be completed in full by the designated parties.
3. Completed forms shall be emailed to the MYSA Registrar - [katja@montanayouthsoccer.com](mailto:katja@montanayouthsoccer.com) - for processing.
4. The deadline for submitting the form is Wednesday at 5pm before the desired effective date.
5. Only legible scans will be accepted. Photographs from cameras and phones cannot be accepted.
6. A player seeking a Transfer may not participate with his/her new team until approved by MYSA.

A. TO BE COMPLETED BY PLAYER, PARENT / LEGAL GUARDIAN		
PLAYER NAME	DATE OF BIRTH	GOTSOCCKER PLAYER ID NO. MT -
ADDRESS	CITY-STATE-ZIP	
EMAIL	TELEPHONE	
REQUESTED ACTION	TRANSFER	RELEASE
DETAILED REASON FOR REQUESTED ACTION		
PARENT / LEGAL GUARDIAN SIGNATURE		DATE

B. TO BE COMPLETED BY RELEASING CLUB		
CLUB / TEAM	TEAM AGE / GENDER	GOTSOCCKER TEAM ID NO.
CLUB SIGNATURE	APPROVED DISAPPROVED	DATE
IF DISAPPROVING, PLEASE STATE WHY		

C. TO BE COMPLETED BY ACCEPTING CLUB		
CLUB/TEAM	TEAM AGE/GENDER	GOTSOCCKER TEAM ID NO.
CLUB SIGNATURE	APPROVED DISAPPROVED	DATE

D. MYSA ACTION		
APPROVED      DISAPPROVED		
SIGNATURE	DATE	