

Youth Application to Transfer to an Adult Team

(Youth players transferring to another adult team)

PLAYER INFORMATION	
Name:	ID #:
Address:	
City:	Postal Code:
Home Telephone:	Mobile:
Email:	Date of Birth (mm/dd/yyyy):
Parent/Guardian Signature*:	Date (mm/dd/yyyy):
*I understand that by transferring to an adult team, my	
child is not eligible to play youth age club team in this or	
any subsequent playing seasons unless reinstated as a	
youth player.	
TRANSFERING FROM (Releasing Team)	TRANSFERING TO (Accepting Team)
Team:	Team:

Team: Age Group: Division: District: Releasing Team Official Name: Position: Phone: Email: Signature: Date(mm/dd/yyyy): APPROVAL (Youth District Registrar) Releasing Youth District Registrar Name: Signature:	TRANSFERING	FROM (Releasing Team)	
Division: District: Releasing Team Official Name: Position: Phone: Email: Signature: Date(mm/dd/yyyy): APPROVAL (Youth District Registrar) Releasing Youth District Registrar Name:	Team:		
District: Releasing Team Official Name: Position: Phone: Email: Signature: Date(mm/dd/yyyy): APPROVAL (Youth District Registrar) Releasing Youth District Registrar Name:	Age Group:		
Releasing Team Official Name: Position: Phone: Email: Signature: Date(mm/dd/yyyy): APPROVAL (Youth District Registrar) Releasing Youth District Registrar Name:	Division:		
Official Name: Position: Phone: Email: Signature: Date(mm/dd/yyyy): APPROVAL (Youth District Registrar) Releasing Youth District Registrar Name:	District:		
Phone: Email: Signature: Date(mm/dd/yyyy): APPROVAL (Youth District Registrar) Releasing Youth District Registrar Name:	_		
Email: Signature: Date(mm/dd/yyyy): APPROVAL (Youth District Registrar) Releasing Youth District Registrar Name:	Position:		
Signature: Date(mm/dd/yyyy): APPROVAL (Youth District Registrar) Releasing Youth District Registrar Name:	Phone:		
Date(mm/dd/yyyy): APPROVAL (Youth District Registrar) Releasing Youth District Registrar Name:	Email:		
APPROVAL (Youth District Registrar) Releasing Youth District Registrar Name:	Signature:		
Releasing Youth District Registrar Name:	Date(mm/dd/yyyy):		
District Registrar Name:	APPROVAL (Youth District Registrar)		
Signature:	District Registrar		
	Signature:		
Date(mm/dd/yyyy):	Date(mm/dd/yyyy):		

TRANSFERING	TO (Accepting Team)
Team:	
Age Group:	
Division:	
League:	
AcceptingTeam	
Official Name:	
Position:	
Phone:	
Email:	
Signature:	
Date(mm/dd/yyy):	
APPROVAL (Adult League)	
Accepting	
Adult League	
Official Name:	
Position:	
Signature:	
Date(mm/dd/yyyy):	

SUBMISSION INSTRUCTIONS

Submit the completed form with payment to the ACCEPTING ADULT LEAGUE REGISTRAR (Consult the Accepting Adult League for transfer fee information.)

PLEASE NOTE

- Players are not eligible to play for the new team until the transfer has been approved
- Consult your League for more information regarding Rules around transfers and player eligibility