



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 - Apr 1	\$200 Transfer Fee
Apr 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	Player no longer wishes to participate as a US Youth Soccer player.	
		Player has moved beyond a reasonable travel distance from the team	
		Player has violated US Soccer, US Youth Soccer or Kentucky Youth Soccer Rules as described on the attached document.	
		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	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	