----- Attach Pass Here

ARIZONA YOUTH SOCCER ASSOCIATION

MEMBER STATUS CHANGE FORM

Seasonal Yr: ____ to ____

RELEASE ☐ TRANSFER ☐ MOVE ☐

Effective Date of Release/Transfer ___ / ___ / ___

MEMBER INFORMATION:

Name: _____ (First / Middle / Last)

Date of Birth ____ / ____ / ____

Address: _____ (Street / Apt/Space)

Phone _____ - _____ (Area)

_____ (City / State / Zip)

Signature: x _____ (Member)

CURRENT TEAM:

Player's Current ID #

TEAM NAME

CLUB NAME

LEAGUE NAME

The following signatures are required for Release/Transfer

x _____ TEAM RELEASE (Coach or Manager)

x _____ CLUB RELEASE (Club Registrar)

x _____ LEAGUE RELEASE (League Registrar)

NEW TEAM:

Player's New ID #

TEAM NAME

CLUB NAME

LEAGUE NAME

The following signatures are required for Transfer

x _____ TEAM ACCEPTANCE (Coach or Manager)

x _____ CLUB ACCEPTANCE (Club Registrar)

x _____ LEAGUE ACCEPTANCE (League Registrar)

Parent/Guardian Comments: _____

Parent/Guardian Signature: x _____

AYSA OFFICIAL USE ONLY

Request Is: Approved ☐ Disapproved ☐

Processed By: _____ Date: _____

(AYSA Rev 8/03)