

**IDAHO YOUTH SOCCER ASSOCIATION
PLAYER ADD/TRANSFER/RELEASE FORM**

PLAYER INFORMATION:

Name: _____ Date: _____
 First Middle Last

Address: _____ DOB: _____
 Street

_____ Phone: _____
 City State Zip

Player ID#: _____

Signature: _____ Signature: _____
 Player Parent or Guardian

CHECK ONE BOX

REQUEST TO ADD REQUEST FOR TRANSFER REQUEST FOR RELEASE

Team Name: _____ Team #: _____ U- _____ Boys/Girls
 (Please Print) (circle one)

Coach: _____ Signature: _____
 Date: _____

TRANSFER FROM:

Team Name: _____ Team #: _____
 (Please Print)

Coach: _____ Signature: _____
 Date: _____

Release Due To: _____

FOR OFFICIAL USE ONLY

Signature: _____ Date: _____
 Organizational Member Registrar

Signature: _____ Date: _____
 State Registrar