



**FLORIDA
YOUTH
SOCCER
ASSOCIATION**

**TRANSFER/RELEASE
REQUEST**

Version 10.1 updated June 6, 2005

8034 Sunport Drive
Suite 404
Orlando, FL 32809
Phone 407-852-6770

Dear Parent & Player:

A registered player is obligated to his/her team for the soccer seasonal year (Sept 1-Aug 31st). A request for transfer to another affiliate shall be granted only in limited circumstances. In order to request a transfer, a written request must be submitted to FYSA utilizing the player release/transfer form only. Upon receipt, the FYSA office will forward the request for transfer to the player's current club's registrar for a written response as to any objections. FYSA's Registrar shall render a decision based on the written request and the affiliate's response. Any appeal of the decision of the Registrar must be received by the FYSA office, in writing, within seven (7) days of receipt of the original decision and must be accompanied by a fee of \$100. Upon receipt of the appeal, the Registration Committee will rule on the appeal within three business days. Any appeal of the decision of the Registration Committee shall be made directly to the FYSA Protest and Appeal Committee as per FYSA Rule 604.

PLEASE COMPLETE and MAIL TO: 8034 Sunport Drive, Suite 404, Orlando, Florida 32809 OR FAX TO: 407-852-6771

Player Name:	Pass Number:	Phone #: ()	
Address:	City:	FL	Zip Code:
E-mail:			
Team Code:		Gender: M / F	

In order to be transferred or released from your present team-complete the following:

Distribution: Original to FYSA; Copy to Player

Present Coach Name:	Phone #: ()
Present Coach Signature:	Date:
E-mail Address:	
Present Club Registrar Name:	Phone #: ()
Present Club Registrar Signature:	Date:
E-mail Address:	

For a Transfer, the following section must be completed. Upon receipt of this completed form, your previous club/team will be contacted as to any objection before the transfer shall be effected.

New Club information:

Distribution: Original with all signatures to FYSA

New Club Name:	New Team Code
New Coach Name:	Age Group: U-
E-mail Address:	
New Club Registrar Name:	Phone #: ()
New Club Registrar Signature:	Date:
E-mail Address:	

REASON FOR REQUEST OF RELEASE AND/OR TRANSFER (Please be specific; use a separate sheet)

PLEASE SIGN:

Parent: _____ Player: _____ Date: _____

NOTE: THIS FORM MUST BE RETURNED, VIA FAX, WITH CONFIRMATION OF RECEIPT, OR POSTMARKED WITHIN FIVE DAYS, FROM THE RELEASING CLUB REGISTRAR. Failure to relinquish the form within the five days of the request, notwithstanding outstanding suspensions and/or financial obligations, may result in disciplinary action against the offending party.