



ARIZONA YOUTH SOCCER ASSOCIATION MEMBER STATUS CHANGE FORM

Seasonal Yr: ____ to ____

Effective Date of Release/Transfer

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:

Players Current Eleven Digit ID #

TEAM NAME

CLUB NAME

LEAGUE NAME

NEW TEAM:

Players New Eleven Digit 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)

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: _____