



Rochester District Youth Soccer League Player Release / Transfer Form

Step 1: Player Information

Name: _____

Date of Birth: _____ Gender: M / F (*Circle one*) Player ID Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Current Club: _____ Current Team: _____

Step 2: Check and Complete One of the Following

Release from team due to season ending injury

- Original pass must be surrendered
- Must provide official documentation of injury

Release from team to transfer to another team

- Original pass must be surrendered

New Club: _____ New Team: _____ Age Group: _____

Date of Release from Original Team: _____

Release by choice of player

- Original pass must be surrendered
- Reason: _____

Step 3: Complete All Signatures

Player Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Coach or Club Official Signature Releasing Team: _____ Date: _____