



PLAYER RELEASE FORM



Name of Club/ Team: _____

Age Group: U-_____ BOYS: _____ GIRLS: _____

Coach: _____

Player Name		Telephone	
Address		Email	
City/State/Zip		Date of Release	

Check the appropriate box below for Player Release or Transfer and check the reason below

<input type="checkbox"/>	RELEASE	<input type="checkbox"/> Player no longer wishes to participate as a US Youth Soccer player.
		<input type="checkbox"/> Player has moved beyond a reasonable travel distance from the team
		<input type="checkbox"/> Player has violated US Soccer, US Youth Soccer or Kentucky Youth Soccer Rules as described on the attached document.
		<input type="checkbox"/> Player has been injured in such a manner as not to be able to participate for the remainder of the season.
<input type="checkbox"/>	TRANSFER	<input type="checkbox"/> Transfer (List Specific Team and Club in space provided)

The undersigned certify that the above player is requesting a Release/Transfer.

Parent/Guardian		Player	
Signature		Signature	
Date		Date	

Club President or Club Registrar		State Officer	
Signature/Title		Signature/Title	
Date		Date	