



Member Status Form

NOTE: INCOMPLETE/INACCURATE OR UNREADABLE FORMS WILL BE RETURNED
This form must be completed for all member changes below; only 1 member per form.

Current Team Name _____ **Age Group/Gender:** ____ **B/G**

Check Appropriate Box:

Player **Coach** **Assistant Coach**

Name: _____ M ____ F ____ Date of Birth ____ / ____ / ____

Address: _____ City _____ Zip _____

Phone: Home: (____) ____ - ____ Work: (____) ____ - ____ Fax: (____) ____ - ____

Check Appropriate Box:

PLAYER RELEASE

Player Name: _____

Reason for Release: _____

Players Signature: _____ Parents Signature: _____

Authorized Club Representative: _____ Signature: _____

PLAYER LOAN – OUT OF STATE TOURNAMENTS ONLY

Player Name: _____

Tournament Name: _____ Location: _____ Dates: _____

Player Signature: _____ Parent Signature: _____

Signature Releasing Coach: _____ Releasing Team Name/# _____

Signature Receiving Coach: _____ **Receiving** Team Name/# _____

Signature Releasing Club Official: _____

CYS OFFICIAL USE ONLY

Processed By: _____

Signature: _____

Date Approved: _____