



WISCONSIN YOUTH SOCCER ASSOCIATION RECREATIONAL PLAYER TRANSFER REQUEST FORM

Once a player signs a registration form, that player is bound to that team/club for the duration of the registration year (8/1 through 7/31). If at any time during the registration year a RECREATIONAL player desires to transfer to another club's team within the same district, that player must submit a completed Recreational Player Transfer Request Form to the district registrar. If the clubs are in different districts, the request must be submitted to the State Office for processing. The district registrar or State Office will then complete the transfer in LeagueOne once it has been approved by both club presidents. This policy only applies to transfers from one club team to another club's team. This does not apply to a player changing teams within the same club. Players wishing to change teams within the same club do not have to follow this transfer approval process.

PLEASE PRINT ALL REQUESTED INFORMATION LEGIBLY.

PLAYER'S NAME: _____

PARENT / GUARDIAN NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL ADDRESS: _____

	Current Club/Team	Requested Club/Team
Club Name		
Club President		
Team Name & Number		
Gender/Age		
Competition Level *		

**recreational or competitive/classic*

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Did any team or club representative approach you regarding your transferring to the new team? (YES / NO) If yes, please describe in detail the context of the contact with the player.

2. Have you fulfilled all financial obligations to your current team and club? (YES / NO) If no, is there intent to fulfill the financial obligations to the current club team and club? Please describe in detail the intent or non-intent thereof:



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2. Have you fulfilled all financial obligations to your current team and club? (YES/NO) If no, is there intent to fulfill the financial obligations to the current club team and club? Please describe in detail the intent or non-intent thereof:

PLEASE DESCRIBE IN DETAIL THE REASON FOR THE REQUEST FOR TRANSFER. BE SURE TO WRITE LEGIBLY. USE ADDITIONAL SPACE OR PAPER IF NECESSARY.

Parent/Guardian's signature

Print Parent/Guardian's Name

Date

FOR WYSA OFFICE/DISTRICT USE ONLY:

_____ approves / does not approve the transfer of this player.
Original Club Name

Club President's signature

Print Club President's Name

Date

_____ accepts / does not accept the transfer of this player.
Transfer Club Name

Club President's signature

Print Club President's Name

Date

For transfer requests between two clubs within the SAME district, please send completed form to your district registrar.

For transfer requests between two clubs in DIFFERENT districts, please send completed form to:

Wisconsin Youth Soccer Association
Attn: Executive Director
10427 W Lincoln Avenue, Suite 1100
West Allis, WI 53227