



EASTERN NEW YORK YOUTH SOCCER ASSOCIATION

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The Game for All Kids!

PLAYER RELEASE / TRANSFER FORM

SEASONAL YEAR 2014-2015

I HEREBY REQUEST RELEASE / TRANSFER OF REGISTRATION FROM MY CURRENT CLUB TO THE CLUB LISTED BELOW:

NAME OF CURRENT CLUB: _____

RELEASE SIGNATURE OF CLUB OFFICIAL _____ DATE _____

RELEASE SIGNATURE OF LEAGUE OFFICIAL _____ DATE _____

NAME OF NEW CLUB (IF NONE LEAVE BLANK) _____

ACCEPTANCE SIGNATURE OF CLUB OFFICIAL _____ DATE _____

NAME OF PLAYER (PRINT IN FULL) _____ DOB _____

SIGNATURE OF PLAYER _____ DATE _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

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ENYOSA APPROVAL _____ DATE _____

10/15/12

