

Soccer Association for Youth

CMSA LEAGUE PLAYER TRANSFER FORM

This form is to be used when transferring a player between two SAY affiliated teams participating in the CMSA Spring League.

Player's name _____

Player's Address _____

City _____ State _____ Zip _____

Date Of Birth _____

Gender _____ Boys _____ Girls

Previous Team _____ Age Level U _____

Guardian's Signature _____

Previous Manager's Signature _____

"New" Manager's Signature _____

SAY Card # _____ Expiration Date: _____

Total # of players being rostered to the new team (Maximum Roster size of 14

Players for 8v8; 18 players for 11v11) _____

A player affiliated through SAY is prohibited from being dual rostered to another SAY team.

If the previous team (coach or manager) is unable to or does not release the player's ID card to the parents or new coach; then the player is required to get a new ID card and complete the SAY waiver form and will be charges as a new player.

TRANSFER WAIVER:

I, the parent/ legal guardian of _____ here by

acknowledge that my child has transferred to the _____

SAY affiliated team coached by _____ for the spring _____

season; and understand that he/she cannot play for any other team during this period (season).

Parent/Guardian Signature _____

Date

Parent/Guardian Signature _____

Date

Signed _____ (CMSA Registrar) _____ Date received

THIS FORM IS TO BE TURNED IN WITH YOUR TEAM'S FINAL ROSTER TO YOUR REGISTRAR