



EASTERN NEW YORK YOUTH SOCCER ASSOCIATION

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The Game for All Kids!

PLAYER RELEASE / TRANSFER FORM

SEASONAL YEAR _____

I hereby request release / transfer of registration from my current club to the club listed below:

Name of Player: _____ DOB: _____

City: _____ USYS player pass number: _____

Phone #: _____ Email: _____

Signature of Player Parent: _____ Date: _____

Current Club: _____ Current Team: _____

Club President: _____ Phone #: _____

Signature of Club President: _____ Date: _____

New Club (if none, leave blank): _____

New Club President: _____ Phone #: _____

Signature of New Club President: _____ Date: _____

AFTER COMPLETING THE ABOVE, PLEASE SEND THIS FORM TO YOUR LEAGUE OFFICE.

LEAGUE APPROVAL: _____ Date: _____

ENYISA APPROVAL: _____ Date: _____

