



EASTERN NEW YORK YOUTH SOCCER ASSOCIATION

265 Sunrise Highway, Suite 38, Rockville Centre, NY 11570

Phone: 1-888-5-ENYISA - Fax: 516-678-7411

www.ensoccer.com

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: _____

