



WISCONSIN YOUTH SOCCER ASSOCIATION
 10427 W Lincoln Ave, Suite 1100 | West Allis, WI 53227
office: 414.328.9972 | **fax:** 414.328.8008
email: kschauer@wiyouthsoccer.com

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 type or print all requested information legibly

Player's Name: _____
 Parent/Guardian Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ email: _____

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

**recreational or competitive/classic*

Please answer the following questions:

- 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:

3. Please describe in detail, the reason for the request for transfer.

Parent/Guardian Signature

Date

For WYSA office/district use only:

Original Club Name

approves does not approve the transfer of this player.

Club President's signature

Print Club President's Name

Date

Transfer Club Name

accepts does not accept the transfer of this player.

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
Re: Rec Player Transfer
10427 W Lincoln Avenue, Suite 1100
West Allis, WI 53227