

Edmonton Minor Soccer Association - EMSA

PLAYER TRANSFER / RELEASE FORM



Date (Day, Month, Year)

--	--	--	--	--	--	--

Gender

M F

Player Information

Last Name _____

First Name _____

Address _____

City _____

Postal Code

--	--	--	--	--	--	--

Telephone

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth (Day, Month, Year)

--	--	--	--	--	--	--

Signatures

Releasing Coach _____

New Coach _____

Player's Signature (Parents if Under 8) _____

Transfer Release

Outdoor Indoor

Age Category

--	--	--

TIER

Current Zone / Community Registered In

Age Category

--	--	--

TIER

New Zone / Community Being Registered In

New Team Name

Releasing Zone Registrar

New Zone Registrar

EMSA Official Registrar