

Edmonton Minor Soccer Association - EMSA

PLAYER TRANSFER / RELEASE FORM



Date (Day, Month, Year)

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Gender

M F

Player Information

Last Name _____

First Name _____

Address _____

City _____

Postal Code

Telephone

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Date of Birth (Day, Month, Year)

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Signatures

Releasing Coach

New Coach

Player's Signature (Parents if Under 8)

Transfer Release

Outdoor Indoor

Age Category

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TIER

Current Zone / Community Registered In

Age Category

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TIER

New Zone / Community Being Registered In

New Team Name

Releasing Zone Registrar

New Zone Registrar

EMSA Official Registrar