

North Sound Youth Lacrosse
2503 191st pl sw Lynnwood, WA 98036
Site:www.nsyouthlax.com

PLAYER/TEAM STATUS FORM (Player Release/Player Transfer)

PLAYER INFORMATION	
Name:	USL#(if known)
Address:	
City:	Postal Code:
Home Telephone	Mobile
Email	Date of Birth (mm/dd/yyyy):
Players Age:	Player Division:(3/4)
Player Signature*	Date (mm/dd/yyyy):

RELEASE TEAM OFFICIAL	
Current Team:	Transfer to:
Team Official:	Phone
Position	email
Signature	Date (mm/dd/yyyy):

ACCEPTING TEAM OFFICIAL	
Current Team:	Transfer to:
Team Official:	Phone
Position	email
Signature	Date (mm/dd/yyyy):

NSYL LEAGUE OFFICIAL	
NSYL Official:	Phone
Position	email
Signature	Date (mm/dd/yyyy):

Why are you requesting Transfer?

1. A player requesting a transfer must complete section one (1) in its entirety before application can be brought forward to the releasing Team Official.
2. The releasing team official must complete and sign section two (2) in its entirety before forwarding application to the accepting team for approval
3. The Accepting team official must complete section three (3) before forwarding application to NSYL Board
4. A copy of the transfer form will be forwarded to the NSYL for official Vote
5. Players are not eligible to play for the new team until the transfer has been approved

I declare and affirm under penalty of perjury that the statements made herein are true and correct to the best of my knowledge, information and belief.