



## PLAYER TRANSFER/RELEASE

For use only between local WSSA affiliated clubs/associations.

Date: \_\_\_\_\_

For Seasonal Year: \_\_\_\_\_

### Releasing Association

Association of Residence: \_\_\_\_\_ Team #: \_\_\_\_\_

Player's Name: \_\_\_\_\_ WSSA ID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender:  Male  Female

Reason for Release: \_\_\_\_\_

\_\_\_\_\_  
Signature/Resident Association Registrar or Releasing Coach Date

### Receiving Association

Receiving Association: \_\_\_\_\_ Team #: \_\_\_\_\_

\_\_\_\_\_  
Signature/Receiving Association Registrar or Releasing Coach Date

\_\_\_\_\_  
Parent/Guardian Signature Date

**Return completed form to  
WSSA • P.O. Box 1068, Laramie, WY 82073-1068 • FAX (307) 721-8042**

Date Received: \_\_\_\_\_ Recorded:  Yes Paid:  Yes