

HUDSON VALLEY YOUTH SOCCER LEAGUE, INC.

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Hopewell Junction, NY 12533

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PLAYER RELEASE / TRANSFER RECORD

NAME OF PLAYER (PLEASE PRINT) _____ DOB: _____

SIGNATURE OF PLAYER _____

PASS # _____ Email / Phone _____

PARENT'S SIGNATURE _____

CURRENT LEAGUE _____ CLUB _____

DIVISION _____ TEAM NAME _____

CURRENT COACHES SIGNATURE _____

CLUB PRESIDENTS SIGNATURE _____

NEW LEAGUE _____ CLUB _____

DIVISION _____ TEAM NAME _____

ACCEPTANCE SIGNATURE OF CLUB PRESIDENT: _____

ORIGINAL LEAGUE USE ONLY

DATE RECEIVED _____ PLAYER PASS RECEIVED _____

LEAGUE REGISTRAR'S APPROVAL / DATE _____

EFFECTIVE DATE FOR COMPETITION _____

NOTES : _____

TRANSFER REQUIREMENTS:

1. Player Transfer Record must be complete with all required signatures.
2. Parents must submit a letter to explain the reason for the transfer.
3. A check for \$50 made out to EHYSL must accompany form.

No transfer will be processed without all of the above.