

**PRESS HARD!
YOU'RE MAKING 3 COPIES**

ILLINOIS YOUTH SOCCER ASSOCIATION ADD / RELEASE FORM

SUBMIT THIS FORM TO YOUR LEAGUE, NOT IYSA!

SEASON 9/1/20_____ to 8/31/20_____

GENDER (check one) Boys_____ Girls_____

AGE GROUP U-_____ **TEAM CODE** _____
(as assigned by league)

TEAM & LEAGUE PLAYER WILL TRANSFER TO

NAME OF TEAM _____
 NAME OF CLUB/ORGANIZATION _____
 NAME OF LEAGUE _____
 NAME OF HEAD COACH _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 PHONE (H) _____ (C) _____
 E-MAIL _____

ATTACH TO THIS FORM
 Copy of the player's release form from previous team for an **ADD**.
 or
 The player's pass for a **RELEASE**.

WHITE: IYSA
YELLOW: Current League
PINK: Team Copy
GOLD: Transfer League

FOLLOW THESE INSTRUCTIONS TO RELEASE OR ADD A PLAYER:

1. Complete all information. Have parent and coach sign the forms.
2. To add players to the team, check ADD. Have parent sign Parent Certification. If player is previously registered to another Illinois Youth Soccer (IYSA) or US Youth Soccer (USYS) affiliated team, attach to this form a copy of player's release from the previous team.
3. To release players from the team, check REL. Obtain parent signature and reason for release. Attach player's pass to this form.
4. Check with your league for their policies regarding the addition and release of players.

PARENT CERTIFICATION
 By my signature below I certify that the released player is being released voluntarily and with my approval or that the added player is not currently registered to an IYSA/USYS affiliated league team.

PLAYER'S NAME AND SIGNATURE	DATE SIGNED BY PLAYER	BIRTH			CHECK ONE		PLAYER'S ADDRESS	PLAYER'S PHONE (W/ AREA CODE)	PREVIOUS TEAM AND LEAGUE	REASON FOR RELEASE	RELEASING COACH SIGNATURE/DATE	PARENT SIGNATURE/DATE
		MO.	DAY	YR.	REL.	ADD						
NAME (PRINT) 1							STREET					
SIGNATURE							CITY, ZIP					
NAME (PRINT) 2							STREET					
SIGNATURE							CITY, ZIP					
NAME (PRINT) 3							STREET					
SIGNATURE							CITY, ZIP					
NAME (PRINT) 4							STREET					
SIGNATURE							CITY, ZIP					
NAME (PRINT) 5							STREET					
SIGNATURE							CITY, ZIP					
NAME (PRINT) 6							STREET					
SIGNATURE							CITY, ZIP					

All copies require the current IYSA-affiliated league's signature and stamp!

HEAD COACH OR CLUB OFFICER MUST SIGN BELOW!

I certify that I have the authority to act on behalf of the above listed team and club. I further certify that the information provided herein is correct and in compliance with the policies, procedures and rules of the Illinois Youth Soccer Association and its affiliated league.

HEAD COACH/CLUB OFFICER SIGNATURE _____

PRINT NAME _____ **TITLE** _____ **DATE** _____

ILLINOIS YOUTH SOCCER USE ONLY

APPROVAL NAME _____
 TITLE _____
 DATE _____

LEAGUE USE ONLY

THIS FORM AND PROOF OF AGE CHECKED AND VERIFIED BY
 LEAGUE REGISTRAR _____
 DATE _____

LEAGUE APPROVAL STAMP

	INITIAL
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