



MISSION YOUTH SOCCER LEAGUE
ESTABLISHED IN 1991

Mailing Address: PO BOX 411345 San Francisco, CA
94141

(949) 698-3882

Email: rhernand0916@icloud.com www.missionyouthsoccer.org

**RELEASE OR TRANSFER FORM
MUST BE TURNED INTO MYSL OFFICE WITH
PLAYER PASS (IF ANY) AND TRANSFER FEE**

PLAYER NAME: _____

PARENT EMAIL: _____

PLAYER IS REQUESTING: _____ RELEASE (no longer playing)
_____ TRANSFER (to another team)

Note: if player is transferring from a travel team to a SF Comp, Rec or Varsity team or vice versa, or if player is transferring from a different league or club, player will also need to submit registration materials applicable to the new team type and league.

RELEASING (CURRENT) TEAM INFORMATION (FOR DROPS AND TRANSFERS): If current team is registered with SFYS, this form must be submitted to SFYS along with any applicable fees

OFFICIAL TEAM NAME _____

PLAYING LEAGUE: NORCAL _____ SFYS (REC, UPPERHOUSE, VARSITY) _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

RELEASING COACH SIGNATURE _____ DATE _____

ACCEPTING TEAM INFORMATION (FOR TRANSFERS ONLY):

OFFICIAL TEAM NAME _____

PLAYING LEAGUE: NORCAL _____ SFYS (REC, UPPERHOUSE, VARSITY) _____

ACCEPTING COACH SIGNATURE _____ DATE _____