UNITED STATES YOUTH SOCCER OF NEVADA PLAYER ACTION FORM

FORM WILL NOT BE PROCESSED WITHOUT REQUIRED SIGNATURES

PLAYER/TE	AMSTATUS FOR: (please print)		
NAME:		DATE:	
ADDRESS:_			
	ZIP:		
EMAIL:		GUARDIAN:SIGNATURE	
SECTION 11	RELEASE Player is being removed fro REASON FOR RELEASE:		
	COACH:SIGNATURE	_ DATE:	_
	STATE REGISTRAR:SIGNATURE	DATE:	
SECTION II	TRANSFER Player is being transferred from one te	eam to another; player pass MUST acc	company form
	NEW TEAM:	TEAM #:	AGE GROUP:
	OLD COACH:SIGNATURE	DATE:	
	NEW COACH:SIGNATURE	DATE:	
	STATE REGISTRAR:SIGNATURE	DATE:	
	MORE THAN FIVE (5) TRANSFERS V \$20.00 FEE TO ACCOMPNAY TRANS		
SECTION III	IGUEST PLAYER Permission to play on anothe	er team as a guest for a specific event	
	EVENT:	DATE:	
	GUEST TEAM NAME:	AGE GROUP:	DATE:
	LENDING COACH:SIGNATUR	DATE:	
	STATE REGISTRAR:	SIGNATURE	DATE:
SECTIONIV		s while participating in senior gan c. If senior and youth games confli	nes; must have form signed before ict, youth games take precedence
	YOUTH TEAM NAME:	YOUTH COACH: _	
	USYSNV PRESIDENT:	NSSA PRESIDENT	::

SIGNATURE

SIGNATURE