



Member Status Form

NOTE: INCOMPLETE/INACCURATE OR UNREADABLE FORMS WILL BE RETURNED

This form must be completed for all member changes below; only 1 member per form.

Current Team Name _____ **Number** **Age Group/Gender:** _____ **B/G**

Check Appropriate Box:

Player **Coach** **Assistant Coach** **CSYSA Member #** _____

Name: _____ **M** _____ **F** _____ **Date of Birth** ___/___/___

Address: _____ **City** _____ **Zip** _____

Phone: Home: (____) ____-____ **Work:** (____) ____-____ **Fax:** (____) ____-____

Check Appropriate Box:

TRANSFER **Online Change #** _____

Current Team Number: _____ **New Team Number:** _____

Parents Name (Print): _____ **Signature:** _____

Signature Releasing Coach: _____ **Signature Receiving Coach:** _____

PLAYER RELEASE **Online Change #** _____

Player Name: _____

Reason for Release: _____

Players Signature: _____ **Parents Signature:** _____

Authorized Club Representative: _____ **Signature:** _____

PLAYER LOAN – OUT OF STATE TOURNAMENTS ONLY

Player Name: _____

Tournament Name: _____ **Location:** _____ **Dates:** _____

Player Signature: _____ **Parent Signature:** _____

Signature Releasing Coach: _____ **Releasing Team Name/#** _____

Signature Receiving Coach: _____ **Receiving Team Name/#** _____

CYS OFFICIAL USE ONLY

Processed By: _____

Signature _____ **Date Approved:** _____