



MEMBER STATUS CHANGE FORM

Seasonal Year: _____ to _____

RELEASE

TRANSFER

MOVE

Effective Date of Release/Transfer ____/____/____

MEMBER INFORMATION - Member I.D. |__|__|__| - |__|__|__|__|__| - |__|__|

Member Name: _____

Date of Birth: _____

First

Middle

Last

____/____/____

Address: _____

Street

Apt/Space

Phone: _____

(____) _____

City

State

Zip

Member Signature: **X** _____

Date: _____

CURRENT TEAM

NEW TEAM

Team Name: _____

Team Name: _____

Team No. |__|__|__|__|__|__|__|__|__|

Team No. |__|__|__|__|__|__|__|__|__|

Club Name: _____

Club Name: _____

League Name: _____

League Name: _____

Team Release: **X** _____

Team Acceptance: **X** _____

Coach or Manager

Coach or Manager

Club Release: **X** _____

Club Acceptance: **X** _____

Club Registrar

Club Registrar

League Release: **X** _____

League Acceptance: **X** _____

League Registrar

League Registrar

Parent/Guardian Comments: _____

Parent/Guardian Signature: **X** _____

Date: _____

AYSA OFFICIAL USE ONLY

State Official : _____

Date: _____

REQUEST IS:

Approved

Disapproved