



PLAYER/COACH STATUS FORM

Name (print) _____ Date of Birth _____ M _____ F _____

Address _____

City _____ State _____ Zip _____

Phone _____ PASS # _____

Signature - Player _____ Date _____

Signature – NEW Coach _____ Date _____

___ ADDITION - NEW PLAYER; not previously registered this season year (Sept 1 to Aug 31).

___ ADDITION - NEW COACH; (New coach should sign above where indicated)

New team _____ # _____ Age U- _____ League _____

Signature – Team Official _____ Date _____

Signature – District Commissioner _____ Date _____ *

___ TRANSFER - Player is being transferred from another team (release must be obtained).

New team _____ # _____ Age U- _____ League _____

Signature – Team Official _____ Date _____

Signature – District Commissioner _____ Date _____ *

___ RELEASE - Player is being removed or transferred from roster. Original pass # _____

Team _____ # _____ Age U- _____ League _____

Signature – Team Official _____ Date _____

Signature – District Commissioner _____ Date _____ *

*INDICATES DATE TRANSACTION TAKES EFFECT – STATE REGISTRAR WILL NOT RECOGNIZE ANY OTHER DATE



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