9360 W. Flamingo Rd. #110-267 • Las Vegas, NV 89147-6426 • PH (702) 873-1451 • Fax (702) 522-1441
Web: http://www.RYSLSoccerLeague.com • Email: RYSL@RYSLSoccerLeague.com

RYSL Player Movement Request Application

072011

Read the "RYSL Player Movement Policy" before filling out this Application

Fill out this application completely and legibly

I am requesting that my child be given permission to leave the current Team that he/she is rostered on to play on another team with another Coach.

I have listed the reasons for wanting to change Teams/Coaches. If he/she is not given permission to join another Team/Coach, we will stay in the "**RYSL Player Pool**" until an opportunity presents itself to play again. I realize that neither I, my child nor any coach has any input in this process.

(Name of Player-Print Legibly) (Age Group) (Name of current Team) (Players Birth Date)

(Reason for wanting to leave current team)

(New Team player wants to play on) (New Coach player wants to play for) (Age Group)

(Parents Name-Print Legibly) (Email)

(Address) (Phone)

(Is the player involved in "Club" Soccer or any other Sport? If so, what is the "Club" or other sport?)

I have read the "RYSL Player Movement Policy" and I agree to abide by it.

(Print Name) (Sign Name) (Date)

(Name of person contacted for this transaction) (Date transaction was requested)

(Name of person approve/disapprove this placement) (Position) (Date)

(Comments)