 **LAKELAND PLAYER TRANSFER / RELEASE FORM**

**Internal – Out of District**

|  |  |
| --- | --- |
| **MISSING INFORMATION WILL CAUSE DELAYS IN PLAYER TRANSFERS / PLAYER RELEASES** | |
| Player’s Name: | Click or tap here to enter text. |
| Date of Birth: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| Address City Prov. Postal Code |
| Phone Number: | Click or tap here to enter text. |
|  | |
| Current Community: | Click or tap here to enter text. |
| Division & Tier: | Click or tap here to enter text. |
| Season: | Indoor  Outdoor |
|  | |
| Date of Transfer / Release: | Click or tap here to enter text. |
| New District: | Click or tap here to enter text. |
| New Community: | Click or tap here to enter text. |
| Division & Tier: | Click or tap here to enter text. |
| Season: | Indoor  Outdoor |
| ***Please ensure all signatures needed are present BEFORE sending it to LDSA Executive Director.***  Email: execdir@lakelandsoccer.ca | |
| Releasing Coach: | Click or tap here to enter text. |
| Signature Date |
| Releasing Community Representative: | Click or tap here to enter text. |
| Signature Date |
| Player’s Signature:  Parent’s Signature (under 12 years old): | Click or tap here to enter text. |
| Signature Date |
| Lakeland Executive Director | Click or tap here to enter text. |
| Signature Date |