PLAYER TRANSFER WAIVER FORM

20 _____ -20 _____ Season

Use this form during the player transfer roster freeze ONLY
Complete all entries in the top two boxes and submit to the appropriate District Commissioner(s) along with a non-refundable $25 processing fee.

IMPORTANT: CAL SOUTH PLAYER PASS AND MEDICAL RELEASE MUST BE RETURNED WITH THIS FORM

Player's Name	Date of Birth	Cal South ID #	Phone

Street Address	City	Zip Code

Justification for Request: _____

_____
(attach sheet to include additional information)

From Team Name: _____ **Team # (As on Cal South Player ID)** _____

To Team Name: _____ **Team #(District League Age Team)** _____

Acknowledged: _____ **Date:** _____
Parent or Guardian Signature

Approved: _____ **Date:** _____
Outgoing Team Official Signature/Title

☐ **Approved** ☐ **Denied** _____ **Date:** _____
Outgoing League Registrar Signature
(If denied, pleaseuse a separate sheet to provide grounds for the denial)

Approved: _____ **Date:** _____
Incoming Team Official Signature/Title

Approved: _____ **Date:** _____
Incoming League Registrar Signature

☐ **Approved** ☐ **Denied** _____ **Date:** _____
Outgoing District Comm. Signature
(If denied, pleaseuse a separate sheet to provide grounds for the denial)

☐ **Approved** ☐ **Denied** _____ **Date:** _____
Incoming District Comm. Signature

Note: Final authority for processing waiver requests lies with the Cal South Board of Directors

Print Form