



**ALASKA YOUTH SOCCER ASSOCIATION
ALASKA FUTSAL STATE CUP RELEASE AND TRANSFER PLAYER
For Alaska Players Only; No Out of State Players**

Tournament: Futsal State Cup

Player Name: _____

DOB: _____ **Registered Club Name:** _____

Mailing Address: _____

Phone Number: _____ **Email:** _____

*** Releasing Club:** _____ **DATE:** _____
Team Coach or League Official Signature

*** Permission from Releasing Club Administrator or DOC Received?** _____ ***Required**

*** Accepting Team and Club Name:** _____

*** Accepting Club:** _____ **DATE:** _____
Team Coach or League Official Signature

*The Transfer Form and AYSA Approval must be done prior to the **Futsal State Cup Roster Freeze Date.***

AYSA RELEASE FROM LIABILITY:

In consideration for permitting my child to participate as a player in the above noted AYSA Sanctioned Tournament, I hereby waive, release and discharge AYSA, its officers, board members, coaches, staff, players and successors from liability of any nature whatever arising from or growing out of the participation of my child in any of the activities associated with the Tournament. I understand and acknowledge that my child will not be covered under the AYSA insurance program

I, _____ (the guardian) wish for my child _____
to participate in the AYSA Sanctioned Tournament **Alaska Futsal State Cup.**

Parent/Legal Guardian:

Printed Name: _____

Signature: _____ **Date:** _____

Alaska Youth Soccer Approval:

APPROVED: _____ **DATE:** _____
Alaska Youth Soccer Executive Director Signature

NOTE: This form is only for a player coming from a club team not participating in Futsal State Cup to a club team that is participating. The transfer is temporary only for the Futsal State Cup Tournament weekend; the player will then be released back to their home club after the event. All AYSA, US Youth Soccer and US Soccer policies and guidelines will apply to the Temporary Transfer. **Email form to the State Office @ alaskayouthsoccer@gmail.com**