

PLAYER TRANSFER WAIVER FORM

20 -20 Seaso

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	
Justification for Request:			
(attach sheet to include addi	tional information)		
From Team Name:			
		Team # (As on Cal So	uth Player ID)
To Team Name:		Team #(District Leag	ue Age Team)
Acknowledged:		Date:	ac Age Team)
	ent or Guardian Signatur		
Approved:		Date:	
Outgoing T	eam Official Signature/T	itle	
Approved Denied		Date:	
	tgoing League Registrar s euse a separate sheet to pr	_	nial)
(If defined, pieds	case a separate sheet to pr	ovide grounds for the de	Thui,
Approved:	eam Official Signature/T	Date:	
_	eam Official Signature/ i		
Approved:Incoming	League Registrar Signatu	Date: ire	
Dammanad Damiad		Date:	
	utgoing District Comm. S	ignature	
(If denied, pleas	euse a separate sheet to pr	ovide grounds for the de	nial)
Approved Denied		Date:	
In	coming District Comm. S	ignature	