# REQUEST FOR CHANGE OF CLUB REGISTRATION or CHANGE OF TEAM

## Player Information

Last Name: _____ First Name: _____

Street Address: _____ Town: _____ Zip: _____

Date of Birth: _____ ID#: _____ Phone #: _____

## Current:

| | | | | |
|---|---|---|---|---|
| Premier Soccer **Team/Club** | Club # | Boy ☐ Girl ☐ | Team/Age | District |
| Classic Soccer **Club** | Club # | Boy ☐ Girl ☐ | Team/Age | District |

## To:

| | | | | |
|---|---|---|---|---|
| Premier Soccer **Team/Club** | Club # | Boy ☐ Girl ☐ | Team/Age | District |
| Classic Soccer **Club** | Club # | Boy ☐ Girl ☐ | Team/Age | District |

| | | |
|---|---|---|
| Signature Parent/Guardian<br>(Player if over 18)<br>(Electronic signature not accepted) | Name of Parent/Guardian | Date |

Consent of **Current Club** President or Chief Officer **(Club player wishes to leave)**

| | | |
|---|---|---|
| Signature – President or Chief Officer<br>(Electronic signature not accepted) | Name of President or Chief Officer | Date |

Consent of **New Club** President or Chief Officer **(Club player wishes to join)**

| | | |
|---|---|---|
| Signature – President or Chief Officer<br>(Electronic signature not accepted) | Name of President or Chief Officer | Date |

A transfer is not completed until it is **received at the CJSA State Office and approved by the State Registrar or President.**
Fax or mail completed form with signatures to:

CJSA - Player Registration
11 Executive Drive
Farmington, CT 06032
860-676-1162 Fax

Approved transfers will be sent to the District Registrars and to the Clubs affected.

**FOR CJSA STATE OFFICE USE ONLY:**

**_____APPROVED _____DENIED Reason:_____**

_____ _____
**State Signature** **Date**

Old passes MUST be returned to District before new pass is validated by District.

Rev. 9/06