



MEMBER STATUS FORM

Note: Incomplete/inaccurate or unreadable forms will be returned.

This form must be completed for all member changes below; only one member per form.

Current Club/Team Name: _____ Age Group/Gender: _____

Role (check appropriate box): Player Coach Assistant Coach

Name: _____ Gender: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Phone: Cell: _____ Work: _____ Fax: _____

Check appropriate box and complete information in section:

PLAYER RELEASE

Player Name: _____

Reason for Release: _____

Player's Signature: _____ Parent Signature: _____

Authorized Club Rep: Name: _____ Signature: _____

PLAYER LOAN – OUT OF STATE TOURNAMENTS ONLY

Player Name: _____

Tournament Name, Location, Dates: _____

Player's Signature: _____ Parent Signature: _____

Releasing Coach & Team Name/#: _____

Receiving Coach & Team Name/#: _____

Releasing Club Rep: Name: _____ Signature: _____

CSA OFFICAL USE ONLY

Processed by: Name: _____ Signature: _____

Date: _____