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FORM 9743 (3/01)

0	1	REGION
11		STATE
		DISTRICT

WHITE - STATE REGISTRAR
 CANARY - STATE OFFICE
 PINK - LOSING TEAM
 GOLD - PLAYER OR CLUB REGISTRAR

PLAYER / TEAM STATUS FORM

ID# _____

NAME (Print) _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SIGNATURE - Player _____ PHONE (____) _____

SIGNATURE - Parent _____ PHONE (____) _____

--PLAYER MUST COMPLETE SECTION 4--

1.

TRANSFER REQUEST Player is being transferred. Original pass must be surrendered with form to registrar processing transfer.

NEW TEAM _____ AGE DIV. _____ LEAGUE _____

CURRENT TEAM _____ AGE DIV. _____ LEAGUE _____

SIGNATURE - Current Team Official _____ *DATE _____

SIGNATURE - Current Club Official _____ *DATE _____

SIGNATURE - Registrar _____ *DATE _____

--PLAYER MUST SIGN AT BOTTOM OF FORM IF RELEASE BLOCK IS CHECKED--

2.

Player is being removed from roster. Original pass must be surrendered with form to registrar processing this release.

VOLUNTARY RELEASE: player requests removal from the team's roster on which he/she is registered and rostered during the current playing season. Teams/Clubs must honor release requests from players/parents; however, a player who is "released" from a Premier/Classic team during a playing season may not play for another Premier/Classic team during the same playing season unless he/she wishes to be considered as a "transfer".

INVOLUNTARY RELEASE: a team/club involuntarily removing a player from that team's playing roster. To maintain State, Regional and National eligibility for competition a team/club may only involuntarily release a player for 1 of 3 reasons: 1. The player has moved beyond a reasonable travel distance; 2. The player is injured in such a manner that the player will not be able to participate for the remainder of the season; 3. The player has violated rules of the USSF, USYSA or PA West.

TEAM _____ AGE DIV. _____ LEAGUE _____

SIGNATURE - Team Official _____ *DATE _____

SIGNATURE - Club Official _____ *DATE _____

SIGNATURE - Registrar _____ *DATE _____

REASON _____

3.

PERMISSION TO PLAY IN ANOTHER STATE --PLAYER MUST COMPLETE SECTION 4--

PERMISSION TO PLAY IN THIS STATE - Players residing outside of STATE BOUNDARIES

PERMISSION FOR TEAM TO PARTICIPATE IN LEAGUE OUTSIDE OF STATE BOUNDARIES --COACH MUST COMPLETE SECTION 4--

GUEST PLAYER --COACH OF THE HIGHEST LEVEL TEAM ON WHICH THE PLAYER IS REGISTERED ON MUST SIGN SECTION 4--

TEAM: _____ LEAGUE: _____ COACH: _____

TOURNAMENT _____ DATE OF TNM'T. _____ GUEST PLR. I.D. # _____

1. PA West BY _____ TITLE: _____ *DATE _____

2. NAME OF OTHER STATE ASSOCIATION _____

3. SIGNATURE - Other State Registrar _____ *DATE _____

4.

PLAYERS: ---I AM DECLARING _____ TEAM

AS MY PRIMARY SNICKERS NATIONAL CHAMPIONSHIP TEAM.

PLAYER SIGNATURE _____ *DATE _____

TEAM _____ (Team) will play Snickers

NATIONAL CHAMPIONSHIPS - IN _____ (State) National State Association

COACH'S SIGNATURE _____ *DATE _____

* INDICATES DATE TRANSACTION TAKES EFFECT - STATE REGISTRAR WILL NOT RECOGNIZE ANY OTHER DATE *