



EASTERN PENNSYLVANIA
YOUTH SOCCER ASSOCIATION, INC.
PLAYER STATUS FORM

PS-1

Name (Print) _____ ID Number _____
 Address _____ Date of Birth ____ / ____ / ____ Phone _____
 City _____ SIGNATURE – Player _____
 State _____ Zip _____ SIGNATURE – Parent _____

ADDITION – New player; not previously registered this seasonal year (Sept. 1 to Aug. 31) or EPYSA Direct Player joining a league team.

EPYSA FEE
New Player \$7.00 **
No Fee for Direct Player **

New Club ID _____ New Team Name _____
 Age Division _____ League _____
 SIGNATURE – Team Official _____ Date _____
 SIGNATURE – League Registrar _____ Date* _____

NEW
LEAGUE
REGISTRAR
STAMP HERE

RELEASE – Player is removed or transferred from roster. Original pass is used the entire seasonal year.

EPYSA FEE
\$1.00 **

Present Club ID _____ Present Team Name _____
 Age Division _____ League _____
 SIGNATURE – Team Official _____ Date _____
 SIGNATURE – League Registrar _____ Date* _____

PRESENT
LEAGUE
REGISTRAR
STAMP HERE

TRANSFER – Player is being transferred from another team (release must be obtained). Maximum of 3 transfer players per team.

EPYSA FEE
\$1.00 **

New Club ID _____ New Team Name _____
 Age Division _____ League _____
 SIGNATURE – Team Official _____ Date _____
 SIGNATURE – League Registrar _____ Date* _____

NEW
LEAGUE
REGISTRAR
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SECONDARY – A secondary player pass will be issued by League Registrar. This pass is good only in the league issued and for the team listed. It is not to be used for tournament or cup play. The player's obligation is to the Primary Team. If a player should wish to transfer to a secondary team, he/she may do so by following the standard transfer procedure.

EPYSA FEE
\$3.00 **

Primary Club ID _____ Primary Team Name _____
 Age Division _____ League _____
 SIGNATURE – Primary Team Official _____ Date _____
 SIGNATURE – Primary League Registrar _____ Date _____
 Secondary Club ID _____ Secondary Team Name _____
 Age Division _____ League _____
 SIGNATURE – Secondary Team Official _____ Date _____
 SIGNATURE – Secondary League Registrar _____ Date* _____

PRIMARY
LEAGUE
REGISTRAR
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SECONDARY
LEAGUE
REGISTRAR
STAMP HERE

*Indicates date transaction takes effect – state registrar will not recognize any other date. ** Additional league fees may apply.

Distribution of 4 copies: **ADDITION**: 2-EPYSA 1-League 1-New Team • **RELEASE**: 2-EPYSA 1-League 1-Team

TRANSFER: 1-EPYSA 1-New League 1-Old League 1-New Team • **SECONDARY**: 1-EPYSA 1-Secondary League 1-Primary Team 1-Secondary Team