North Shore Girls Soccer Club

TRANSFER REQUEST FORM

Player's Name: _____ Current Team: _____ Date of Birth _____/_____/_____
dd mmm yyyy

Address: _____ School: _____

The North Shore Girls Soccer Club (NSGSC) operates under a "No Streaming" policy and a British Columbia Youth Soccer Association rule that prohibits "poaching" of players from other teams. To discourage streaming and poaching, requests for transfer to specific teams are, with few exceptions, not accepted. If it is determined that this transfer request was in any way encouraged, solicited or influenced by a coach, manager or any other team representative, disciplinary action will be taken against all persons involved. The rules and policies governing player transfer, as well as the reasons for transfer which are generally consistent with these rules and policies, are described on our website at www.nsgsc.ca.

Reason for Request (see website for guidelines) : _____

_____

_____

_____

Are you requesting a specific team? _____ NO (fill out section A) _____ YES (fill out section B)

SECTION A:

If we are unable to meet your request are you willing to remain with your existing team? ___ YES ___ NO

If you answer NO the player will be placed on a team which as closely as possible meets your requirements. Prior to transfer you will be contacted by your age group coordinator to review the available choice(s).

SECTION B: (Note: see guidelines on website to determine when a team can be specified)

Name of the Requested Team: _____

If there are no openings on the team you have requested or your request is deemed to be inconsistent with club rules and policies, the player will be placed on an alternate team at the discretion of the age group coordinator and/or the club executive.

To the best of my knowledge this request for transfer was not in any way encouraged, solicited or influenced by a coach, manager or any other team representative. _____ _____
Signature of applicant date

Applicant's Name: _____ Phone: _____ Address: _____

Received by: _____ Date: _____

Approved – Team Name: _____ **Denied –** Reason: _____

AGC Signature: _____ Date: _____

Transfer requests are done in order of date received