

YJ&Y PLAYER TRANSFER FORM 2017 (SUBJECT TO THE TRANSFER RULES.)

Please ensure a fully completed player registration form is submitted along with this transfer application form.

ALL DOCUMENTS MUST be SCANNED (photo documents will not be accepted) and e-mailed to

vivytransfers@gmail.com stating the players name age group and team.

Club Officials signing the documentation MUST be done by ONLY the people that are listed on the CRF1 form.

NO OTHER SIGNATURES WILL BE ACCEPTED!!!

FAILURE TO FOLLOW THIS PROCEDURE WILL RESULT IN THE TRANSFER BEING RETURNED AND DELAYED.

Player Name:		Player ID No:		D.O.B:	
Reason for leaving present club/team:	<i>Please note that if a transfer is refused, the reason(s) stated below are the only ones which will be reviewed by the panel on the decision made by the transfer committee if requested by the person transferring.</i>				
PARENT/GUARDIAN MUST CIRCLE ALL QUESTIONS					
When you completed this transfer form have the club:					
Made you aware of the number of transfers already to that team		YES	NO		
Made you aware that the league only allows three transfers in a season and if a Scholarship Player they do not have 5 or more players in their squad already!!!		YES	NO		
Made you aware that only in extreme circumstances would another transfer be allowed		YES	NO		
Made you aware that should the transfer be rejected and the review of the decision heard by a panel be rejected that the decision is final and will not be discussed any further		YES	NO		
I confirm that the above information I have given is correct and understand all the above information. Dated.					
Parent/Guardian Signature:			Parent/Guardian Print.		
PRESENT CLUB					
I declare that the above named player has fulfilled all commitments to this club and the above information is correct. Y / N					
If No please add the reason for non-fulfillment of commitments. - Money (Amount) / Clothing.					
Present Club:		Age Group:			
Signed Age Group Coach:		Print Name:			
Signed Junior Secretary:		Print Name:			
The above named must be on the current CRF1 Form.		Date:			
NEW CLUB					
We confirm the information given by us is true and accept the above named player in accordance with the TRANSFER RULES, and will under no circumstances play the above named player until officially transferred by the Transfer Secretary.					
New Club:		Inhouse transfer: YES/NO (please circle)			
Age Group:	U	Number of Transfers this season to team. 1. 2. 3. 4. 5. 6.			
Signed Team Coach:		Print.	Date:		
Signed Club Signature:		Print.	Date:		
MUST BE COMPLETED BY ACADEMY PLAYERS ONLY					
Any player found falsifying the information below will have their transfer denied FOR 12 MONTHS.					
Academy Represented Club:			Age Group:		
FALSIFYING OF ANY OF THE ABOVE INFORMATION WILL DEEM THE TRANSFER VOID AND THE PLAYER WILL NOT BE TRANSFERRED					