

PLAYER TRANSFER FORM

(All Fields Must Be Completed)

SECTION 1 – TO BE COMPLETED BY PLAYER WISHING TO BE TRANSFERRED (Please Print)

DATE RECEIVED IN THE CLA OFFICE: _____

First Name	Last Name	Date of Birth: (DD/MM/YY)	
Address: _____	City: _____	Prov: _____	Postal Code: _____
Email: _____	Phone: _____		
Member Association last registered with: _____	Team Name/ Division (Jr/Sr A/B): _____		
Member Association Transferring to: _____	Team Name/ Division (Jr/Sr A/B): _____		

Player Signature _____

Parent/Guardian Signature (if required) _____

SECTION 2 – TO BE COMPLETED BY MEMBER ASSOCIATION PLAYER IS TRANSFERRING FROM

RETURN TO THE CLA OFFICE BY : _____

Step 1: Is the player on a negotiation list? (Circle one)	Yes	No	Step 2: Is the in good standing/not suspended? (Circle one)	Yes	No
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If you answered NO in step 2, please indicate reason(s): _____

Step 3: If player is on a negotiation list, please indicate any terms/conditions require to obtain a release:
(if more space is required, please attach additional sheets)

1. _____

2. _____

Please print the name of person with
Signing authority for MA

Signature

DD/MM/YY

SECTION 3 – TO BE COMPLETED BY RECEIVING MEMBER ASSOCIATION
(By signing this section indicates that you will be bound by the conditions attached to the transfer)

RETURN TO THE CLA OFFICE BY: _____

Please print the name of person with
Signing authority for MA

Signature

Date
DD/MM/YY