



# INTRA-CLUB MOVEMENT NOTIFICATION FORM

North Texas State Soccer  
3803 Parkwood Blvd.,  
Suite 200  
Frisco, Texas 75034

Email to:  
release\_transfer@ntxsoccer.org

INCOMPLETE OR ALTERED FORMS WILL NOT BE PROCESSED. TYPICAL TURNAROUND IS 24-48 HOURS.  
THERE IS NO FEE FOR A MOVEMENT WITHIN THE SAME CLUB.

**No releases, transfers, or intra-club movements from a Competitive Team after April 1 of the soccer year.**

**A movement within the same club will not count towards the 1 transfer per year. See rule 4.5.3**  
**THIS FORM IS TO MOVE A NTSSA PLAYER FROM ONE NTSSA TEAM TO ANOTHER NTSSA TEAM WITHIN THE SAME CLUB.**  
**BOTH TEAMS MUST BE NTSSA REGISTERED TEAMS. THIS FORM CAN NOT BE USED TO RELEASE A PLAYER FROM A TEAM.**

Player Name: \_\_\_\_\_

Player ID Number: \_\_\_\_\_ Player DOB: \_\_\_\_\_

Player Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Player Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

**BOTH TEAMS MUST BE NTSSA REGISTERED TEAMS. PLAYER MUST BE ADDED TO RECEIVING TEAM UNDER NTSSA.**

Club Name: \_\_\_\_\_

Releasing Team: \_\_\_\_\_ Age Group: \_\_\_\_\_

Receiving Team: \_\_\_\_\_ Age Group: \_\_\_\_\_

**Parent Confirmation: To be completed by parent only (Circle answer)**

Did the coach or anyone from your current team encourage you to make this request? **YES or NO**  
*If YES, and you do not wish to transfer teams within the same club, please do not sign form.*

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Head Coach or Club DOC Printed Name: \_\_\_\_\_

Head Coach or Club DOC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NTSSA Youth Commissioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email completed forms to Brittany Walker at [Release\\_Transfer@ntxsoccer.org](mailto:Release_Transfer@ntxsoccer.org)  
Forms are processed in order received.