TRANSFER REQUEST

This form is for permanent Jr Program transfers in which the athlete meets one of the stated allowed reasons listed on form. Athlete should remain enrolled in the Program in which they live until notified of approval or denial. Parent is to fill out form and obtain signature themselves from the **releasing** Program president and only then can proceed to present the form for approval to the **receiving** Program president. If approved, then the **receiving** Program is to add the completed form as an exhibit into the athlete's online registration portal as well as email a copy to the CBYF league administrators.

Student !	Legal Name:		Grade:					
Parent/G	Guardian Name:							
Present A	Address:	City	Zip	# of Years at address				
Former Address:		City	Zip	# of Years at address				
Home Ph	ione:	Work Phone:	Cell	Cell Phone:				
Requesti	ng transfer to: Junior Progr	ram:						
School Cu	urrently Attending			Current Grade:				
Boundary	Boundary School District:Boundary School Name:							
Reasons	for transfer request:							
It is understood that I, as a parent/guardian, must assume responsibility for attendance and adequate transportation and supervision of and from practices and other scheduled team activities. Date:Parent/Guardian Signature:								
RELEASING JUNIOR PROGRAM AGREEMENT TO WAIVE ATTENDANCE								
	Junior Program							
	Having examined the facts as stated above, I hereby agree to waive athlete.							
	Approved Denied Reason:							
President	t Name:	President Signature:		Date:				
RECEIVING JUNIOR PROGRAM AGREEMENT TO ACCEPT STUDENT								
		or Program						
I hereby agree to accept the athlete for the school year stated above in the signed Releasing School Agreement.								
	Approved Denied due to: □ No Space	Available 🗆 Attendance 🗀 Grad	des \square Discipline \square	Other				
President	Name:	President Signature:		Date:				