

SOFTBALL ASSOCIATION OF SYLVAN LAKE

PLAYER TRANSFER REQUEST FORM

(In accordance with Softball Alberta Policies & Procedures)

SECTION 1 — ATHLETE INFORMATION

Athlete Name: _____

Date of Birth (YYYY/MM/DD): _____

Current Age Division (U9–U19): _____

Player ID (if applicable): _____

Primary Position(s): _____

Parent/Guardian Name(s): _____

Contact Email: _____

Contact Phone: _____

SECTION 2 — HOME ASSOCIATION INFORMATION

Current/Home Association: _____

Current Team Name: _____

Last Season Coached By: _____

Coach/Contact Email: _____

Association President/Registrar: _____

Association Contact Email: _____

SECTION 3 — NEW ASSOCIATION INFORMATION

Requesting To Join: Softball Association of Sylvan Lake (SASL)

Team Requested: _____

Coach (if known): _____

Age Division: _____

SECTION 4 — TRANSFER REASON

Please check at least one:

☐ No available team in athlete's home association

☐ Skill-appropriate placement not available

☐ Family relocation / residence outside home association boundary

☐ Conflict concerns with coach/association

☐ Other (explain):

SECTION 5 — HOME ASSOCIATION APPROVAL

I, the undersigned President/Registrar/Designated Authority of the athlete's home association, approve this transfer.

Name: _____

Position/Role: _____

Signature: _____

Date: _____

SECTION 6 — ACCEPTANCE BY SASL

I confirm that SASL agrees to receive the transferring athlete.

Name: _____

Position (President/Registrar): _____

Signature: _____

Date: _____

SECTION 7 — ATHLETE & PARENT/GUARDIAN ACKNOWLEDGEMENT

Athlete Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

SUBMISSION INSTRUCTIONS

Completed forms must be emailed to: general.inquiries.sasl@gmail.com