

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?

Yes

Step 2: Is the in good standing/not

Yes

(Circle one)

No

suspended?

No

(Circle one)

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.

3.

Please print the name of person with
Signing authority for MA

Signature

Date
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