



## **Booster Club Participation Transfer Request Inside/Outside High School District**

Each Booster Club may accept unlimited transfers inside of the High School District. Each Booster Club may accept the following transfers outside of High School District: 2 per Age Group/Division

I understand that if this requested transfer is approved, it is for one year only and subject to revocation at any time by the Davidson County Youth Sports League. Renewal of this agreement will require the family to reapply at the beginning of the next year.

### **Part I. Parental Request**

As the parent or person with legal custody of \_\_\_\_\_ (Name of Athlete) I request permission to allow him/her to participate at \_\_\_\_\_ (Name of Booster Club)

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

### **Part II. Releasing Booster Club**

As Booster Club Volleyball Coordinator \_\_\_\_\_,

I give permission for \_\_\_\_\_ (Name of Athlete) to transfer to \_\_\_\_\_ (Name of Booster Club)

Booster Club Volleyball Coordinator Signature \_\_\_\_\_

Date \_\_\_\_\_ and

Booster Club President Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Part III. Receiving Booster Club**

As Booster Club Volleyball Coordinator \_\_\_\_\_,

I accept the above-named athlete for the \_\_\_\_\_ sports year.

Booster Club Volleyball Coordinator Signature \_\_\_\_\_

Date \_\_\_\_\_ and

Booster Club President Signature \_\_\_\_\_ Date \_\_\_\_\_