

## Appendix 25-14 Player Transfer Form

(All fields must be completed)

**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) _____
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**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? (Circle one)	Yes	No	Step 2: Is the in good standing/not suspended? (Circle one)	Yes	No
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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.

\_\_\_\_\_  
Please print the name of the person with  
Signing Authority for **Jr. A Only**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print the name of person with  
Signing authority for **MA**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**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 the person with  
Signing Authority for **Jr. A Only**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print the name of person with  
Signing authority for **MA**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date