



Minnesota Youth Athletic Services  
Player Transfer Request Form  
Basketball



**Preface**

Revised 8/7/19

The Minnesota winter basketball season, also known as the traveling basketball season, is intended to be for community and school based teams. The winter basketball season runs from late October through the MYAS Grade State tournaments in March. The Player Transfer information contained in this document is for the winter/traveling season only. Please see the MYAS Winter Basketball Guidelines documents for complete information regarding team composition and eligibility.

**Player Transfer Policies and Explanations**

1. Athletes must try out and compete with the travel association within the community where they reside (which is considered to be the athlete's Home Association) or attend school.  
Exception: In situations involving "split families," the athlete may participate with the association where the mother **or** father resides. For the "split family" exception, the association that is located where the athlete attends school is considered to be their Home Association.
2. If there is not a travel association within the community where the athlete resides or attends school, the athlete may participate with a bordering community association. The bordering association has the right to accept or not accept the athlete.
3. No player transfers will be approved for athletes who did NOT tryout for their Home Association.  
Exception: If the Home Association wants to release an athlete that did not tryout for their program, they can do so at any time, however the release and the transfer to a bordering association must be completed before the November 1<sup>st</sup> deadline for player transfers.
4. No player transfers will be approved for athletes who tried out and were offered a roster position on a team from their Home Association.
5. If an athlete tried out with their Home Association and was not placed on a team, they may request a transfer from their Home Association to participate with a bordering association. The Home Association has the right to grant or deny the transfer.
6. **Players may only transfer from their Home Association to a bordering association.**
7. Player transfers are limited to one athlete per team.  
Exception: It is acceptable for bordering associations to combine players and exceed the one player maximum.  
Example: Association A and B are bordering associations. Association A has six 7<sup>th</sup> grade players and Association B has four 7<sup>th</sup> grade players. They may combine those players to form a team.
8. Player transfers must be requested and approved on an annual basis. No grandfathering of transferred athletes from previous years.
9. Transfer requests will not be accepted or approved after November 1<sup>st</sup> of any given year.
10. Players residing in Minneapolis or St Paul must get the transfer approved by three coalition member organizations from their respective city.
11. The completed Transfer Request Form must be submitted to the MYAS office on or before November 1st. Please send the completed form to [jeremy@myas.org](mailto:jeremy@myas.org) or (fax) 763-781-1922.

The MYAS will deal with any unique situations that arise on a case-by-case basis.



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Portion A: To be Completed by the Athlete's Parent(s) or Guardian(s)

Name of Athlete Requesting the Transfer: \_\_\_\_\_

Parent(s) or Guardian(s) Name: \_\_\_\_\_

Parent(s) or Guardian(s) Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Athlete's Complete Address: \_\_\_\_\_

Athlete's Current Home Association: \_\_\_\_\_

Name of the Athlete's Current School: \_\_\_\_\_ City: \_\_\_\_\_

Grade: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male/Female: \_\_\_\_\_

Reason for Requesting the Transfer: \_\_\_\_\_

Portion B: To be Completed by an Officer with the Athlete's Home Association

Name of the Association: \_\_\_\_\_

Representative's Name: \_\_\_\_\_ Role: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Transfer Approved (Circle One):    Yes    No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete Portion C only if the Transfer Request was Approved by the Athlete's Home Association

Portion C: To be Completed by an Officer with the Association where the Athlete is Requesting to Transfer

Name of the Association: \_\_\_\_\_

Representative's Name: \_\_\_\_\_ Role: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Transfer Accepted (Circle One):    Yes    No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Portion D: To be Completed by an MYAS Staff Member

MYAS Staff Member: \_\_\_\_\_ Approved: Yes No Date: \_\_\_\_\_

The Completed Transfer form must be submitted to the MYAS office on or before November 1  
Send to: jeremy@myas.org or (fax) 763-781-1922