



National Governing Body for Roller Sports

**USA Roller Sports**  
**4730 South Street**  
**Lincoln, NE 68506**  
**402.483.7551 phone 402.483.1465 fax**

## **2025-2026 TRANSFER OF CLUB AFFILIATION REQUEST**

Please note the information below which **MUST** accompany this application. For further information, please refer to the current General Rules, Section 5.04.

1. The release below must be signed by an authorized person from the **present** club. Requests made without a releasing signature, may only transfer to unattached status.
2. Form must be filled out completely. If a skater is a minor, the parent or guardian must also sign.
3. Remit the transfer fee of \$25. **Fees are non-refundable.**
4. A signature of acceptance is required for all transfers except to unattached status.
5. If moving from one region to another, the skater must have a bono fide change of address, with proof of same, sent to the National Headquarters with this request.
6. A transferred skater is eligible to compete as soon as the skater appears on the USARS website indicating the new club affiliation.
7. Transfers must be received at the USARS National Headquarters prior to the sport appropriate regional championship deadline. No transfers will be made between the regional championship deadline and the end of the national championships appropriate to the participating sport.

**APPLICANT WILL CREATE THEIR OWN DELAYS WITH THE PROCESSING OF THIS  
TRANSFER IF THE SUBMISSION OF INFORMATION IS INCOMPLETE**

### Notice of Club Release

Date: \_\_\_\_\_ This form will serve notice that \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

USARS Membership #: \_\_\_\_\_ is hereby released from the

Name of releasing club: \_\_\_\_\_ Club ID #: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Membership(s) to transfer: Athlete: \_\_\_\_\_ Coach: \_\_\_\_\_ Official: \_\_\_\_\_

The above mentioned member is a free agent and eligible to affiliate with any competitive club of his or her choice.

Authorized Club Agent Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Reason for transfer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Skaters Signature

Parent/Guardian Signature

Notice of Club Acceptance

This letter will serve as notice that: \_\_\_\_\_

Is hereby officially accepted to the

Name of accepting club: \_\_\_\_\_ Club ID #: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized Club Agent Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

For office use only

Transferring from- \_\_\_\_\_ To- \_\_\_\_\_

Processed by- \_\_\_\_\_ Date- \_\_\_\_\_

**For all questions regarding transfers, please contact  
Phone 402.483.7551**

**MAIL** completed application and check to:  
USA Roller Sports  
4730 South Street  
Lincoln, NE 68506

**FAX** completed application and credit card information to:  
402.483.1465

**EMAIL** completed application and credit card information  
to: [membershipsupport@usarollersports.org](mailto:membershipsupport@usarollersports.org)

CREDIT CARD INFORMATION

Card Number: \_\_\_\_\_ CCV#: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

Total Amount To Charge: \_\_\_\_\_