

# THE ONTARIO SOCCER ASSOCIATION- PLAYER REGISTRATION FORM

## PERSONAL INFORMATION

Full Name: \_\_\_\_\_  
LastFirstM.I.

Address: \_\_\_\_\_  
Street AddressApartment/Unit #

\_\_\_\_\_ CityProvincePostal Code

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Proof of Birthdate:  Birth Certificate  Old Card  Other Sex: \_\_\_\_\_

OSA Registrant Number: \_\_\_\_\_ OHIP Number (Optional) : \_\_\_\_\_  
*\*OHIP Numbers are optional to collect and an optional field for this form\**

## TEAM DETAILS

Club Registration Number: **CD** - \_ \_ - \_ \_ Club Name: \_\_\_\_\_

Season Type: \_\_\_ Indoor \_\_\_ Outdoor

Player Classification: Indoor: \_\_\_ Mini \_\_\_ Youth \_\_\_ Senior \_\_\_ Pro

Outdoor: \_\_\_ Mini \_\_\_ Youth Competitive \_\_\_ Youth Recreational \_\_\_ Senior Competitive \_\_\_ Senior Recreational \_\_\_ Pro

Team Registration Number: **TD** - \_ \_ \_ \_ - \_ \_ \_ Team Name: \_\_\_\_\_

League Registration Number: **L** - \_ \_ \_ \_ - \_ \_ League Name: \_\_\_\_\_

Division Registration Number: **D** - \_ \_ \_ \_ - \_ \_ \_ Division Name: \_\_\_\_\_

## PLAYING HISTORY

**ATTENTION: The "PLAYING HISTORY" section MUST be completed** – Any person who provides false information or withholds any of the required information will be suspended from all Ontario Soccer Association activities for one year.

Has the player **ever** registered to play soccer in another country? \_\_\_ Yes \_\_\_ NO

If Yes, answer the following questions:

a) In which country (other than Canada) did the player **last** register? \_\_\_\_\_

b) With which Club did the player **last** register in another country? \_\_\_\_\_

c) In which year did the player **last** register in another country? \_\_\_\_\_

## CONSENT FOR USE OF PERSONAL INFORMATION

I authorize the Ontario Soccer Association, (*insert name of your District Association*), and (*insert name of your Club*) to collect and use personal information about me or my child/ward for the purpose of receiving communications from the Ontario Soccer Association, District Association, League and Club.

I understand that I may withdraw consent to collection, use or disclosure of my or my child/ward's personal information at any time by contacting the OSA Privacy Officer at **OSAPrivacyOfficer@soccer.on.ca** or by mail to: **Attention of the OSA Privacy Officer, The Ontario Soccer Association, 7601 Martin Grove Road, Vaughan ON L4L 9E4.**

**\*We do not sell or distribute your personal information to any other third party not listed herein.\***

## ACCEPTANCE OF TERMS AND CONDITIONS

In consideration of the acceptance of my membership in the Ontario Soccer Association, District Association and Club, I, the participant and parent/guardian (if participant is under 18 years of age), agree as follows:

1. I understand that I or my child/ward cannot play in any sanctioned soccer game until after this registration form has been validated and the registration data has been entered in The Ontario Soccer Association's computerized registration system.
2. I have reviewed the waiver/participation agreement attached and my signature affixed hereto indicates my agreement with such waiver/participation agreement.
3. I am aware of The Ontario Soccer Association, (*insert name of your District Association*), (*insert name of your Club*) and League bylaws, policies, rules and regulations and agree to abide by them and to be bound by them.
4. I accept sole responsibility for my or my child/ward's personal possessions and athletic equipment.
5. I accept all liability for any damage to the playing equipment caused by me or my child/ward's careless, negligent and/or improper handling.

I acknowledge that I have read this registration agreement in its entirety and that I have executed this registration agreement voluntarily.

Signature of Participant (If aged 13 and over) \_\_\_\_\_ Signature of Parent/Guardian (If under 18) \_\_\_\_\_ Date \_\_\_\_\_

CLUB REGISTRAR SIGNATURE _____ Date _____	OSA SIGNATURE _____ Date _____
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