



The Ontario Soccer Association
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National Training Centre ONTARIO
Quest for Gold – Ontario Athlete Assistance Program 2011-2012
ATHLETE APPLICATION ACKNOWLEDGEMENT FORM

PLAYER NAME: _____ **PLAYER D.O.B.** _____

TEAM:

PLEASE CHECK BOX IN ACCORDANCE TO WHAT TEAM YOU ARE A MEMBER:

NATIONAL TRAINING CENTRE U16 TO 18 FEMALES

NATIONAL TRAINING CENTRE U16 TEAM ONTARIO MALES

HOME ADDRESS: _____

EMAIL: _____

HOME PHONE: _____

CELL: _____

By submitting this application, I acknowledge that I understand the following:

- That I have read and understand the Ontario Card Athlete Handbook 2011-2012. _____ (initial)
- That I will not be eligible for NCAA scholarship funding. _____ (initial)

PLEASE COMPLETE THIS ATHLETE APPLICATION ACKNOWLEDGEMENT FORM AND YOUR PLAYER RESUME THAT MUST BE RECEIVED BY ONTARIO SOCCER ASSOCIATION BY OR BEFORE DECEMBER 19, 2011 (HARD COPY, FAX OR SCANNED AND EMAILED) TO:

KEVIN SMALL,
Player Development Coordinator
The Ontario Soccer Association
7601 Martin Grove Road
Vaughan, ON
L4L 9E4
Fax: 905-264-9445
Email: ksmall@soccer.on.ca