



THE ONTARIO SOCCER ASSOCIATION

Team Official Registration Form (Coaches, Managers, etc.)

TEAM OFFICIAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ Prov. _____ Postal: _____

Home Phone: () _____ Business Phone: () _____

Cell Number: _____ E-mail Address: _____

Birth Date: (y/m/d) _____ OSA Registrant #: _____ Gender: _____

OHIP # (Optional): _____ **OHIP Numbers are optional to collect*

TEAM/CLUB DETAILS

Club/Academy Name: _____ Position: _____

Season Type: Indoor Outdoor

Indoor: Grassroots Youth Senior Futsal

Outdoor: Grassroots Youth Rec Youth Comp. Senior Rec Senior Comp. Pro

Team Name: _____ Team Registration Number: _____

League Name: _____ League Registration Number: _____

Division Name: _____ Division Registration Number: _____

CONSENT FOR USE OF PERSONAL INFORMATION

I authorize the Canadian Soccer Association, *Ontario Soccer Association, the applicable District Association and Soccer Organization to collect and use personal information about me for the purpose of receiving communications from the Canadian Soccer Association, Ontario Soccer Association, District Association, League and Soccer Organization. I understand that I may withdraw such consent related to receiving communications at any time by contacting the OSA Privacy Officer at OSAPrivacyOfficer@soccer.on.ca or by mail to:

**Attention: OSA Privacy Officer, Ontario Soccer Association
7601 Martin Grove Road, Vaughan ON L4L 9E4.**

The Privacy Officer will advise the implications of such withdrawal.

***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 or my child/ward's membership in the Ontario Soccer Association, District Association and Club/Academy, I, the participant, agree as follows:

1. I understand that I cannot participate 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 read and understand the waiver attached and my signature affixed hereto indicates my agreement with such waiver.
3. I am aware of The Ontario Soccer Association, District Association and Club/Academy's 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 personal possessions and athletic equipment and accept all liability for any damage to the playing equipment caused by my careless, negligent and/or improper handling.
5. I grant permission to the Organization to photograph and/or record my image and/or voice on still or motion picture film and/or audio tape and to use this material to promote the sport of soccer and the Organizations through the media of newsletters, websites, television, film, radio, print and/or other form. I understand I waive any claim to remuneration for use of audio/visual materials used for these purposes.

By signing and dating below you agree that you are the Team Official being registered and to be bound by this Legal Agreement even if you have not read this agreement.

Team Official Name or Parent/Legal Guardian if player is Under 18

Team Official Signature or Parent/Legal Guardian

Date

For use by CLUB/ACADEMY/LEAGUE REGISTRAR

Verification of Birthdate: ___ Birth Certificate ___ Team Official Book ___

SIGNATURE: _____ DATE: _____

DISTRICT ASSOCIATION/ONTARIO SOCCER ASSOCIATION VALIDATION

SIGNATURE: _____ DATE: _____

Note: Club must retain copy of the player registration form and if requested must submit form to its District Association or the Ontario Soccer Association upon request