

PEEL HALTON SOCCER ASSOCIATION - PLAYER REGISTRATION FORM (Page 1 of 2)
Season Indoor - 20 / 20 or Outdoor 20 07 Seniors Age 19 yrs and older.

PERSONAL INFORMATION

Full Name: Last SMITH First JOHN M.I. _____

Address: 123 ROUND ST. Apartment/Unit # _____

City: BURLINGTON Province ON Postal Code L7N 2Z9

Home Phone: (905) 555-5555 Business Phone: ()

Cell Number: 905 444-4444 E-mail Address: OPTIONAL

Birth Date: (y/m/d) 1976/11/05 OSA Registrant # 47385 Gender: M

OHIP # (Optional): _____ *OHIP Numbers are optional to collect and an optional field for this form*

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) _____
- c) With which Club did the player last register in another country? _____
- d) In which year did the player last register in another country? _____

MANDATORY

CONSENT FOR USE OF PERSONAL INFORMATION

I authorize the Canadian Soccer Association, the Ontario Soccer Association, The Peel Halton Soccer Association, and my Club to collect and use personal information about me for the purpose of receiving communications from the Ontario Soccer Association, District, League and Club.

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 membership in the Ontario Soccer Association, District Association and Club, I, the Participant do agree as follows:

- I understand that I 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.
- I have reviewed the waiver/participation agreement attached and my signature affixed hereto indicates my agreement with such waiver/participation agreement.
- I am aware of The Ontario Soccer Association, The Peel Halton Soccer Association, my Club and my League bylaws, policies, rules and regulations and agree to abide by them and to be bound by them.
- I accept sole responsibility for my personal possessions and athletic equipment.
- I accept all liability for any damage to the playing equipment caused by my 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 (Age 19 yrs and over) JOHN SMITH Date JAN 25/07

TEAM DETAILS For Club Use Only

Club Name: B.S.L. Team Name: YOUR TEAM NAME

League Name: B.S.L. Division Name: YOUR DIVISION

Player Classification: - Indoor: ___ Senior Indoor ___ Pre-Indoor ___ Senior ___ Futsal ___ Pro-Futsal ___
 - Outdoor: ___ Senior Competitive ___ Pre-Outdoor ___
 → ✓ SO Senior Open Recreational or Over 34 OR 41 ←
 OPENABLE OR WOMEN'S DIVISION OVER DIVISIONS 34 OR 41

For use by CLUB REGISTRAR

Verification of Birth date: ___ Birth Certificate ___ Player Book
 ___ Passport or Other (describe) _____

SIGNATURE _____
 Date _____

DISTRICT SIGNATURE

Date _____