

THE ONTARIO SOCCER ASSOCIATION
COACH REGISTRATION FORM



See Reverse Side
 for Instructions

Season Year: _____

Coach Details

OSA Registrant Number _____	Ontario Medical Number _____	Sex (M/F) _____	Street Address _____	Apt. No. _____
First Name _____	_____	_____	City/Town _____	Province ON
Middle Name _____	_____	_____	Country CANADA	Postal Code _____
Last Name _____	_____	_____	Area Code _____	Home Telephone _____
_____	_____	_____	Area Code _____	Business Telephone _____
_____	_____	_____	Area Code _____	Extension _____
Previous Last Name (If your last name has changed) _____	_____	_____	E-Mail Address _____	Lotus Notes Mail Address _____
Date of Birth dd/mm/yy ____/____/____	_____	_____	_____	_____

Team Details

Club Registration Number: <input checked="" type="checkbox"/> ID _____	Club Name: _____
Season Type: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Team Name: _____
Team Registration Number: <input checked="" type="checkbox"/> ID _____	League Name: _____
League Registration Number: <input type="checkbox"/> LL _____	Division Name: _____
Division Registration Number: <input checked="" type="checkbox"/> D _____	_____

NOTICE OF WARNING: There is a potential risk in training and participating in any sport, and we have tried to create a safe environment.
AGREEMENT: I have read and understand the registration rules on the reverse side of this form. I agree to abide by the Published Rules of The Ontario Soccer Association, my District Association, my League, and my Club.

Signature of Coach _____

For Club use only

Signature of Club Registrar: _____
 Date: _____

Validation by District Association: _____
 Date: _____

Shaded area for District Association use only