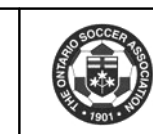




STORRINGTON MINOR SOCCER CLUB  
4170 CANAL RD. SEELEY'S BAY  
ON K0H 2N0

## PLAYER REGISTRATION FORM 20

THE ONTARIO  
SOCCER  
ASSOCIATION



Registration Fee \$ \_\_\_\_\_ Make Cheques payable to: "Storrington Minor Soccer" Note the information on this form is used when applying for the Children's Fitness Tax Credit.

Player's Information					Parental Information		Player's T-shirt size Circle one					
Sex: M ___ F ___	Date of Birth	_ _ d d	_ _ mm	_ _ _ _ y y y y	Name(s): _____		Youth					
Name: _____  Address: _____ _____ _____					Address: same as Player ___ or:  _____ _____		Small (6-8)		Medium (10-12)		Large (14-16)	
							Adult					
Phone: _____		Alternate: _____			Phone: _____		E-Mail: _____					
Names of other family members in the same Division  _____ _____					Player's Proof of Age:							
					Previously Played with Storrington							
					Birth Certificate							
					Other (specify)							
Is the player related to one of the sponsors or one of the potential coaches? If yes please provide the name(s).					Please list any Health concerns.							
<i>For Club use only</i>					Notice: There is a potential risk in training and participating in any sport, and we have tried to create a safe environment. The coach has established rules for participation; and proper conduct on or about the playing field must be followed. Agreement: I agree to abide by the Published Rules of The Ontario Soccer Association, my District Association, my League and my Club. Privacy Statement: I understand as a registrant of The Ontario Soccer Association, my District and my Club I may receive information from time to time related to soccer events, programs and services.  <input type="checkbox"/> I prefer to be excluded Signature of Player's Parent or Guardian: _____							
Signature of Club Registrar _____												
Date: _____												
Payment Type		Cash									Payment with other player form?	
Cheque #		Post-dated?										
		Y		N								