



STORRINGTON MINOR SOCCER CLUB

P.O. Box 29  
Inverary, Ontario  
K0H 1X0

# PLAYER REGISTRATION FORM 20

THE ONTARIO  
SOCCER  
ASSOCIATION



Registration Fee \$\_\_\_\_\_ Please do not allow your child(ren) to climb on the nets, or fence.

Player's Information					Parental Information		Player's T-shirt size Circle one					
<b>Name:</b> _____					<b>Name(s):</b> _____		<b>Youth</b>					
<b>Sex:</b> M ___ F ___	<b>Date of Birth</b>	__ d d	__ m m	____ y y y y	Name of a friend this player wishes to play with (one name only). The friend must also request to be with this player. Only matches will be honoured.		<b>Small (6-8)</b>		<b>Medium (10-12)</b>		<b>Large (14-16)</b>	
<b>Address:</b> _____ _____ _____							<b>Adult</b>					
							<b>Small</b>		<b>Medium</b>		<b>Large</b>	
<b>Phone:(613)</b> _____		<b>Alternate:(613)</b> _____			<b>Cell:</b> _____		<b>E-Mail:</b> _____					
Names of other family members <u>in the same Division</u> .					<b>Player's Proof of Age:</b>		"I confirm that I have reviewed a Concussion Awareness Resource."  <b>Signature:</b> _____					
Is the player related to one of the sponsors or one of the potential coaches? If yes please provide the name(s). _____					<b>Previously Played with Storrington</b>							
					<b>Birth Certificate</b>							
					<b>Other (specify)</b>							
<b>Make Cheques payable to: "Storrington Minor Soccer"</b>					<b>Please list any Health concerns.</b>							

*For Club use only*

Signature of Club Registrar \_\_\_\_\_

Date: \_\_\_\_\_

Payment Type	Cash	Debit	Credit Card
Cheque #	Post-dated?		
	Y	N	

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.

I prefer to be excluded

Signature of Player's

Parent or Guardian: \_\_\_\_\_