

MANAGER REGISTRATION FORM

Please print legibly

CLUB NAME _____ CLUB NUMBER _____

TEAM NAME _____ TEAM NUMBER _____

TEAM AGE & GENDER _____ LEAGUE & LEVEL _____

MANAGER NAME _____ BIRTH DATE YY/MM/DD ___/___/___

ADDRESS _____ OSA NUMBER _____

ADDRESS (cont'd) _____ POSTAL CODE: _____

e-mail address _____ PHONE: _____

NOTICE OF WARNING: There are established rules form participation and proper conduct on or about the playing field, which must be followed. I agree to abide by the Constitution, By-laws, Rules and Regulations of the OSA, the Elgin Middlesex Soccer Association, my League and my Club.

Signature of Manager

Signature of Club Registrar

The signature of the Club Registrar indicates that the volunteer screening required for this manager has been completed and approved by the club

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