

**ELGIN MIDDLESEX SOCCER ASSOCIATION**

295 RECTORY ST, LONDON, ON N5Z 0A3 519 668 2391 EMSADA@ROGERS.COM

**TEAM PLAYING INTO EMSA DISTRICT APPLICATION FORM**

Must request permission from your district **PRIOR** to submitting a request to play into EMSA  
All communications by EMSA regarding this application will be addressed to your club and/or district

- Instructions:** 1- have your district approve this Play In request in section 4  
 2 - submit completed form to EMSA - **including NCCP#s**  
 3 - submit OSCAR roster 2 weeks prior to first game  
 4- payment of \$10/youth team and \$50/senior team payable to EMSA  
**Above must be submitted to EMSA prior to (Outdoor-March 15 annually, Indoor-Oct 1st annually) \$50 late fee/team to be applied**  
 5 - Completed OSCARS roster with list of players submitted 1 week prior to first game

EMSA Board will review request at it's monthly board meetings -Your district will validate Player ID

**SEASON/YEAR:** \_\_\_\_\_ **HOME DISTRICT:** \_\_\_\_\_

CLUB NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_  
 E-MAIL ADDRESS: \_\_\_\_\_

**APPLICATION TO PLAY INTO:**  
 DISTRICT: \_\_\_\_\_ **EMSA** \_\_\_\_\_ LEAGUE: \_\_\_\_\_ DIVISION: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_ AGE DIV.: \_\_\_\_\_ M:  F:

Assistant Coach \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ **NCCP # \*\*** \_\_\_\_\_  
 E-MAIL ADDRESS: \_\_\_\_\_

TEAM HEAD COACH: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ **NCCP# \*\*** \_\_\_\_\_  
 E-MAIL ADDRESS: \_\_\_\_\_

I confirm my club wishes to play into EMSA & will abide by all EMSA's published rules and discipline policies. EMSA is not responsible for tracking the team's compliance further to this notice and submission of OSCAR roster

\_\_\_\_\_ CLUB OFFICIALS NAME & POSITION \_\_\_\_\_ TEAM OFFICIALS NAME & POSITION  
 \_\_\_\_\_ SIGNATURE \_\_\_\_\_ SIGNATURE

**Section 4: FOR CLUB'S HOME DISTRICT CONSENT**  
 DATE APPLICATION RECEIVED \_\_\_\_\_ APPROVED:  DENIED:   
 IF DENIED, REASON: \_\_\_\_\_  
 \_\_\_\_\_ DISTRICT OFFICIALS NAME \_\_\_\_\_ DISTRICT OFFICIALS POSITION  
 \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE

**Section 5: ELGIN MIDDLESEX SOCCER ASSOCIATION**  
 DATE APPLICATION RECEIVED: \_\_\_\_\_ APPROVED:  DENIED:   
 IF DENIED, REASON: \_\_\_\_\_  
 \_\_\_\_\_ DISTRICT OFFICIALS NAME \_\_\_\_\_ DISTRICT OFFICIALS POSITION  
 \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE



