



ELGIN MIDDLESEX SOCCER ASSOCIATION

295 RECTORY STREET
LONDON, ON N5Z 0A3
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www.emsadistrict.com

TEAM OFFICIAL REGISTRATION FORM

Section 1:

CLUB NAME:

CLUB NUMBER:

TEAM NAME:

TEAM NUMBER:

TEAM AGE & GENDER:

LEAGUE & LEVEL:

Section 2:

| Name of Team Official | DOB | Position | OS # | NCCP # |
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Section 3:

The signature of the Club Official indicates the following:

1. That the Team Officials listed above have obtained the certification required by Ontario Soccer for the Age, Gender, Level of Play of the team identified above.
2. That the Club has provided the Team Officials identified above with copy of the Coaching Code of Conduct.
3. That the volunteer screening required for the Team Officials listed above has been completed & approved by the Club.

Signature of Club Official

Date

Printed Name of Club Official

Please see the Coaching tab of our website www.emsadistrict.com if you have any questions regarding certification for your team officials.

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| FOR OFFICE USE ONLY | |
| APPROVED: | INITIAL _____ DATE: _____ |
| Card Printed: | DATE: _____ |
| NOT APPROVED | |
| REASON: _____ | |
| DATE CLUB WAS ADVISED: _____ | INITIAL: _____ |