

**INDOOR 2010-2011  
MANAGER REGISTRATION FORM**

**CLUB NAME:** \_\_\_\_\_ **CLUB NUMBER: CD 15** \_\_\_\_  
**TEAM NAME:** \_\_\_\_\_ **TEAM NUMBER: TD15** \_\_\_\_ - \_\_\_\_  
**TEAM LEAGUE:** \_\_\_\_\_ **LEVEL:** \_\_\_\_\_ **TEAM AGE** \_\_\_\_  
LEAGUE AGE DIVISION \_\_\_\_\_  
**MANAGER NAME:** \_\_\_\_\_ **Date of Birth** \_\_\_\_ YR/ \_\_\_\_ MM/ \_\_\_\_ DD  
Address: \_\_\_\_\_ OSA #: \_\_\_\_\_  
City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**NOTICE OF WARNING:** There is a potential risk in training and participating in any sport, and we have tried to create a safe environment. There are established rules for 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 \_\_\_\_\_ Signature  
Club Registrar: \_\_\_\_\_ of Manager: \_\_\_\_\_

\*THE SIGNATURE OF THE CLUB REGISTRAR INDICATES THAT THE VOLUNTEER SCREENING REQUIRED FOR THIS MANAGER HAS BEEN COMPLETED AND APPROVED

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