



ELGIN-MIDDLESEX SOCCER ASSOCIATION

Youth Indoor Player Registration Form

YI

Club Name: _____

Club #: CD - _____ - _____

Team Name: _____

Age Division: _____

League Name: _____

Team #: TD - _____ - _____ - _____

I certify that the individuals listed below have registered as playing members of this club and meet the minimum requirements for player registration as set out by the OSA.

Club Registrar: _____ **Signature** _____ **Date:** _____

NOTICE OF WARNING": There is a potential risk in training and participating in any sport, and we have tried to create a safe environment. The Club has established rules for participation; and proper conduct on or about the playing field must be followed. I agree to abide by the Constitution, by-laws, rules and regulations of the Elgin-Middlesex Soccer Association and the Ontario Soccer Association.

Name: _____	Male- Female	Birthdate: M /D /Y _____
Address: _____		OSA Reg.#: _____
Town/City: _____	Postal Code: _____	Phone: _____
Year Last Played: _____	Last Registered Club: _____	
Player's Signature: _____		Date: _____
N. B. I have read and understand the "Notice of Warning" before signing.		

Name: _____	Male- Female	Birthdate: M /D /Y _____
Address: _____		OSA Reg.#: _____
Town/City: _____	Postal Code: _____	Phone: _____
Year Last Played: _____	Last Registered Club: _____	
Player's Signature: _____		Date: _____
N. B. I have read and understand the "Notice of Warning" before signing.		

Name: _____	Male- Female	Birthdate: M /D /Y _____
Address: _____		OSA Reg.#: _____
Town/City: _____	Postal Code: _____	Phone: _____
Year Last Played: _____	Last Registered Club: _____	
Player's Signature: _____		Date: _____
N. B. I have read and understand the "Notice of Warning" before signing.		

Name: _____ Male- Female Birthdate: M /D /Y
Address: _____ OSA Reg.#: _____
Town/City: _____ Postal Code: _____ Phone: _____
Year Last Played: _____ Last Registered Club: _____
Player's Signature: _____ Date: _____

N. B. I have read and understand the "Notice of Warning" before signing.

Name: _____ Male- Female Birthdate: M /D /Y
Address: _____ OSA Reg.#: _____
Town/City: _____ Postal Code: _____ Phone: _____
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Address: _____ OSA Reg.#: _____
Town/City: _____ Postal Code: _____ Phone: _____
Year Last Played: _____ Last Registered Club: _____
Player's Signature: _____ Date: _____

N. B. I have read and understand the "Notice of Warning" before signing.

REGISTRATION NOTE: Maximum number of players allowed on a Youth Indoor team is **18**.
Minimum number of players allowed on a Youth Indoor team is **7**.