



**TORONTO SOCCER ASSOCIATION
COACH REGISTRATION FORM**

Year 20 _____

Coach Details

OSA Registrant Number _____

Sex _____

Previous Last Name (If your last name has changed) _____

Date of Birth _____

First Name: _____

Middle Name: _____

Last Name: _____

Street Address: _____ Apt. No. _____

City/Town: _____ Province: _____

Country: _____ Postal Code: _____

Area Code Home Telephone

Area Code Business Telephone

(____) _____ - _____

(____) _____ - _____

Area Code Fax Number

(____) _____ - _____ E-Mail Address _____

Team Details

Club Registration Number **C D** - _____ - _____ Club Name: _____

For Indoor Soccer:	MI Mini Soccer Indoor	YI Youth Indoor	SI Senior Indoor	PI Professional Indoor
For Outdoor Soccer:	MO Mini Soccer Outdoor	YC Youth Competitive	SC Senior Competitive	PR Professional
	YR Youth Recreational	SR Senior Recreational	5A Senior Recreational 5-A-Side	

Team Registration Number: **T D** - _____ - _____ Team Name: _____

League Registration Number: **L** - _____ - _____ League Name: _____

Division Registration Number: **D** - _____ - _____ Division Name: _____

NOTICE OF WARNING: There is a potential risk in training and participating in any sport, and we have tried to create a safe environment.
AGREEMENT: I have read and understand the registration rules on the reverse side of this form. I agree to abide by the Published Rules of The Ontario Soccer Association, my District Association, my League, and my Club.

PRIVACY STATEMENT: I understand as a registrant of The Ontario Soccer Association, my District, and my Club that I may receive information from time to time related to soccer events, programs and services. I prefer to be excluded.

Signature of Coach: _____ Signature of Club Registrar: _____

Date: _____ Date: _____

Validation by District Association: _____ **Date:** _____