

THE ONTARIO SOCCER ASSOCIATION

PLAYER DE-REGISTRATION FORM



Player Details	O.S.A. Registrant No.	First Name	Last Name				
	Address				Apt. No.		
	City / Town		Province	Postal Code			
			O N				
	Area Code	Telephone No.	Date of Birth	Day	Month	Year	Sex (M/F)
							<input type="checkbox"/>
_____			Date: <input type="text"/> <input type="text"/> <input type="text"/>				
Player's Signature							

Team Details	Team Number	Team Name			
	<input type="text"/> <input type="text"/> <input type="text"/>				
	League Number	League Name			
	<input type="text"/> <input type="text"/> <input type="text"/>				
	Club Number	Club Name			
	<input type="text"/> <input type="text"/> <input type="text"/>				
District Number	District Name				
<input type="text"/> <input type="text"/> <input type="text"/>					
Team Age Division	Team Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input checked="" type="checkbox"/> Mixed	<input type="checkbox"/>
<p>This player has been de-registered from the above team and is therefore eligible to sign with another team.</p>					
_____		_____		Date: <input type="text"/> <input type="text"/> <input type="text"/>	
Name of Club Registrar		Signature of Club Registrar			

SHADED AREA FOR OFFICE USE ONLY	Day Month Year <input type="text"/> <input type="text"/> <input type="text"/>
_____ District Registrar's Authorization	

Note: This Player de-registration becomes effective on the date authorized by the District Registrar. The District Association is responsible for mailing the "Player Copy" of this form to the player.
DISTRICT COPY