

(OUTDOOR 2018))

**CONTACT INFORMATION**

Full Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Address: Street Address \_\_\_\_\_ Apartments/Unit # \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

Cell Number: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**ADMINISTRATOR INFORMATION**

Birth Date: (y/m/d) \_\_\_\_\_ OSA Registrant # \_\_\_\_\_ Gender: \_\_\_\_\_

**CONSENT FOR USE OF PERSONAL INFORMATION**

I authorize the Canadian Soccer Association, Ontario Soccer Association, Durham Region Soccer Association, and Darlington Soccer Club to collect and use personal information about me for the purpose of receiving communications from the Canadian Soccer Association, Ontario Soccer Association, District Association, League and Club.

I understand that I may withdraw such consent related to receiving communications at any time by contacting the OSA Privacy Officer at OSAPrivacyOfficer@soccer.on.ca or by mail to: Attention: OSA Privacy Officer, Ontario Soccer Association, 7601 Martin Grove Road, Vaughan ON L4L 9E4. The Privacy Officer will advise the implications of such withdrawal.

**"We do not sell or distribute your personal information to any other third party not listed herein."**

**ACCEPTANCE OF TERMS AND CONDITIONS**

In consideration of the acceptance of my membership in the Ontario Soccer Association, District Association and Club, I, the participant agree as follows:

I am aware of The Ontario Soccer Association, Durham Region Soccer Association, Darlington Soccer Club and League bylaws, policies, rules and regulations and agree to abide by them and to be bound by them.

By signing and dating below you agree that you are the administrator being registered and to be bound by this Legal Agreement even if you have not read this agreement.

Signature of Administrator \_\_\_\_\_ Date \_\_\_\_\_

**ORGANIZATION DETAILS (FOR OFFICE USE ONLY)**

Organization Type:  Club  League  District Association  The Ontario Soccer Association (  Other \_\_\_\_\_ )

Organization Name: \_\_\_\_\_

Position Title: \_\_\_\_\_ Group/subgroup: \_\_\_\_\_

Position Title: \_\_\_\_\_ Group/subgroup: \_\_\_\_\_

Position Title: \_\_\_\_\_ Group/subgroup: \_\_\_\_\_

Position Title: \_\_\_\_\_ Group/subgroup: \_\_\_\_\_

<b>For use by CLUB/LEAGUE REGISTRAR</b> SIGNATURE _____ Date _____	<b>For use by District Association</b> SIGNATURE _____ Date _____
--	---

**Note: An Organization must retain copy of the Administrator registration form and if requested must submit form to its District Association or the Ontario Soccer Association upon request**