

OSA Book - Session Page

Club name: **LCFLC** Club number: **#1516**

Team name: **EMSA ROVERS** Age level: **U 1 | 6**

League + level or number (i.e. L5, L4, 1st division, etc.): **LCFLC- FUTSAL**

Player signature: *Susan Smith*

TEAM ID = Club number + birth year and gender. If more than 1 team with same year then add secondary # (i.e. 93G1, 93G2, etc.)

O.S.A. VALIDATION STICKER

OSA Book - Registrant Page

Registrant # **#123456**

Photo of Registrant

Photo of District Registrar's Authorization

Update photo within 3 years for Youth & 5 years for Senior

PASSPORT SIZE PHOTOGRAPH

DISTRICT REGISTRAR'S AUTHORIZATION

Smith Susan

SURNAME GIVEN NAME

DATE OF BIRTH

0 | 6 | 3 | 0 | 8 | 7

MONTH DAY YEAR

Susan Smith

SIGNATURE

Photo must follow: head and shoulders, size of space allotment, face of player shall cover 80% of space, new books/photos must be taken within past 6 months, eyes must be open, glasses must be clear only (no sunglasses), front view only, can be black/white or colour, no hats or head covering unless for religious reasons, must be on photographic paper (no photocopies), passport Canada sized quality and image,

