



ELGIN MIDDLESEX SOCCER ASSOCIATION
 295 Rectory Street, London ON N5Z 0A3
emsada@rogers.com 519-668-2391

TEAM **PLAYING-IN** APPLICATION

This completed form and \$10 for each youth team and \$50 for each senior team application to be received at the EMSA office not later than APRIL 1st annually.

Instructions:

YOU MUST OBTAIN PLAYING-OUT PERMISSION FROM YOUR DISTRICT FIRST AND SUBMIT A COPY OF YOUR PLAYING-OUT APPROVAL

1. All communications by EMSA regarding this application will be addressed to your club/or district.
2. Incomplete applications will be returned.
3. A decision will be rendered at the monthly board meeting after receipt of a properly completed application.
4. This application must be completed for each team entering an L6 or higher EMSA League.

PLEASE PRINT LEGIBLY

Club Name				Club Number:
Club Address				
	STREET NAME AND NUMBER		CITY	POSTAL CODE
LEAGUE NAME	PLAY IN TO _____			
TEAM NAME	AGE DIVISION	GENDER	PREVIOUS LEAGUE & DIVISON	PLACED
COACH NAME				
ADDRESS				
PHONE				
CERTIFICATION	CERTIFICATE LEVEL:	RESPECT IN SOCCER Y/N	MAKING ETHICAL DECISIONS Y/N	VOLUTEER SCREENING Y/N

*I confirm my club wishes to **PLAY- IN** to EMSA and will abide by all EMSA published rules and discipline policies including the deadline to register at least 11 youth/senior players **AND SUBMIT A ROSTER** to the EMSA office by the third Friday of April. EMSA is not responsible for tracking your team's compliance further to this notice.*

Club President: THIS SECTION MUST BE SIGNED BY THE CLUB PRESIDENT ONLY.	Club Position: PRESIDENT
_____ PRINT NAME	
_____ SIGNATURE	Your district: LKSA – SWRSA – ECSA Circle one
Day time phone #:	
Email Address:	

EMSA DISTRICT USE ONLY

Date Rec'd		
Circle One:	APPROVED DENIED	District authorization
If denied, Reason:		

SHOULD PERMISSION TO PLAY OUT BE DENIED BY YOUR DISTRICT, YOUR CLUB HAS THE RIGHT TO APPEAL THAT DECISION TO OSA.

This application must be received by the third Friday of March to be considered.