

# MANAGER REGISTRATION FORM

Please print legibly

CLUB NAME \_\_\_\_\_ CLUB NUMBER \_\_\_\_\_

TEAM NAME \_\_\_\_\_ TEAM NUMBER \_\_\_\_\_

TEAM AGE & GENDER \_\_\_\_\_ LEAGUE & LEVEL \_\_\_\_\_

MANAGER NAME \_\_\_\_\_ BIRTH DATE YY/MM/DD \_\_\_/\_\_\_/\_\_\_

ADDRESS \_\_\_\_\_ OSA NUMBER \_\_\_\_\_

ADDRESS (cont'd) \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

e-mail address \_\_\_\_\_ PHONE: \_\_\_\_\_

**NOTICE OF WARNING:** There are established rules form participation and proper conduct on or about the playing field, which must be followed. I agree to abide by the Constitution, By-laws, Rules and Regulations of the OSA, the Elgin Middlesex Soccer Association, my League and my Club.

\_\_\_\_\_  
**Signature of Manager**

\_\_\_\_\_  
**Signature of Club Registrar**

The signature of the Club Registrar indicates that the volunteer screening required for this manager has been completed and approved by the club

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