



ELGIN MIDDLESEX SOCCER ASSOCIATION PLAYER DE-REGISTRATION FORM

PLEASE **TYPE** except where *signature is required

Player OSA # _____ First Name _____ Last Name _____

Address _____ City _____ Postal Code _____

Phone # _____ - _____ - _____ Date of Birth ____/____/____ M ____/F ____

Player's Signature* _____ Date ____/____/____

RELEASING CLUB: (Please Print)

Club Number: CD- _____ - Club Name: _____

Team Number: TD- - - Team Name: _____

REC / COMP Age Div: Gender _____ League _____

Name of Club Official: **OSA Reg.#:** ***Signature of Club Official:** **Date:**

DISTRICT AUTHORIZATION:

***Signature of EMSA Registrar:** **Date:**

The player book must accompany this form.

The use of this form is valid only for players registered in the District of the Elgin-Middlesex Soccer Association.

Players registered outside of this District, must use the OSA form which must be authorized by the District Association with which the player is registered.

Signatures must be obtained from the appropriate Club executive officials (i.e., club president, secretary, or registrar; and does not include coaches or managers).

The Processing Fee (\$10.00) must be submitted at the time of District Authorization.

NO FEE WILL BE RETURNED FOR DE-REGISTERED PLAYERS

PLAYERS WISHING TO PLAY FOR ANOTHER TEAM MUST HAVE A TRANSFER FORM