



Sarnia Girls' Soccer Club Coach Registration

P.O. Box 22062 Twin Lakes Postal Outlet

Sarnia, Ontario, N7S 6J4

Telephone: 519-542-0212 Fax: 519-542-8384

Email: sarniagirlssoccer@bellnet.ca Web-Site: www.sarniagirlssoccer.com

Season 20__ (18 and over)

CONTACT INFORMATION

Full Name:	_____		
	<i>Last</i>	<i>First</i>	<i>M.I.</i>
Address:	_____		
	<i>Street Address</i>		<i>Apartment/Unit #</i>

	<i>City</i>	<i>Province</i>	<i>Postal Code</i>
Home Phone:	() _____	Business Phone:	() _____
Cell Number:	() _____	E-mail Address:	_____

ADMINISTRATOR INFORMATION

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

CONSENT FOR USE OF PERSONAL INFORMATION

I authorize the Canadian Soccer Association, Ontario Soccer Association, *Lambton Kent District Soccer Association*, and *Sarnia Girls 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, Lambton Kent Soccer Association, Sarnia Girls 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: _____

For use by CLUB/LEAGUE REGISTRAR

SIGNATURE _____

Date _____

For use by District Association

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