Soccer Northeastern ON – ADMINISTRATOR'S REGISTRATION FORM (18 & Over)
Fiscal Year 2010 November 1 2009 – October 31 2010

CONTACT INFORMATION

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *Province* *Postal Code*

Home Phone: ( ) _____ Business Phone: ( ) _____

Cell Number: ( ) _____ E-mail Address: _____

ADMINISTRATOR INFORMATION

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

CONSENT FOR USE OF PERSONAL INFORMATION

I authorize the Canadian Soccer Association, Ontario Soccer Association, Soccer Northeastern Ontario Soccer Association, to collect and use personal information about me for the purpose of receiving communications from the Canadian Soccer Association, Ontario Soccer Association and District Association.

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 and District Association, I, the participant agree as follows:

I am aware of The Ontario Soccer Association, and Soccer Northeastern Soccer Association 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: Soccer Northeastern Ontario District Soccer Association

Position Title: . _____ Group/subgroup: _____

Position Title: _____ Group/subgroup: _____

Position Title: _____ Group/subgroup: _____

Position Title: _____ Group/subgroup: _____

For use by CLUB/LEAGUE REGISTRAR	**For use by District Association**
SIGNATURE_____	SIGNATURE_____
Date _____	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

Revised February 12, 2007