

**PEEL HALTON SOCCER ASSOCIATION – ADMINISTRATOR’S REGISTRATION FORM.
PARTICIPANTS 18 AND OVER.**

Elected or appointed for ____ Years. Termination date - Year ____ Month ____ Day ____

Organization Type – Club ____ League ____ District ____ Other ____

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, Peel Halton District Association, and my club (if applicable) 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, Peel Halton Soccer Association, my 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 (18 yrs and Over)	Date
Note – Do not use this form for Team Officials.	

ORGANIZATION DETAILS (FOR OFFICE USE ONLY)

Organization Name: _____
Position Title: _____ Group/subgroup: _____
Position Title: _____ Group/subgroup: _____
Position Title: _____ Group/subgroup: _____
Position Title: _____ Group/subgroup: _____

For use by CLUB 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.