

Elgin Middlesex Soccer Association 295 Rectory Street

London, ON N5Z 0A3 519 668 2391

www.emsadistrict.com emsada@rogers.com

TEAM OFFICIAL REGISTRATION FORM

DATE CLUB WAS ADVISED:

Section 1: CLUB NAME:	CLUB NU	CLUB NUMBER: TEAM NUMBER: LEAGUE & LEVEL:			
TEAM NAME:					
TEAM AGE & GENDER: Section 2:		LEAGUE	X LEVEL.		
Name of Team Official	Email Address	DOB	OS #	NCCP #	
-					
<u>'</u>					
Name of Team Manager (s) **	T	I		I	
Section 3:					
The signature of the Club Official inc	dicates the following:				
1. That the Team Officials listed above hat for the Age, Gender, Level of Play of the		equired by Ontario So	ccer		
2. That the Club has provided the Team 0	Officials identified above with	copy of the Coaching	Code of Conduc	ct.	
3. That the volunteer screening required by the Club. **note new requirements for Outdoo		•	ted & approved	I	
Signature of Club Official		Date			
Printed Name of Club Official			_		
Please see the Coaching tab of our we	bsite www.emsadistrict.com	if you have any ques	tions regarding	9	
certification for your team officials.					
FOR OFFICE USE ONLY APPROVED:		INITIAL	DATE:		
		INITIAL			
Card Printed:			DATE:		
NOT APPROVED					
REASON:					

INITIAL:

EMSA SEPT 2018