



ELGIN MIDDLESEX SOCCER ASSOCIATION

295 RECTORY ST, LONDON, ON N5Z 0A3 519-668-2391 ADMIN@EMSADISTRICT.COM

TEAM PLAYING INTO EMSA DISTRICT APPLICATION FORM

Must request permission from your district PRIOR to submitting a request to play into EMSA
All communications by EMSA regarding this application will be addressed to your club and/or district

Instructions:

- 1- Have your district approve this Play In request in Section 4
- 2- Submit completed form to EMSA (Including NCCP #'s)
- 3- Submit OSCAR roster 2 weeks prior to first game
- 4- Payment of \$10 per youth team and \$50 per senior team payable to EMSA

Above must be submitted to EMSA prior to March 15 for Outdoor and October 1 for Indoor. \$50 late fee per team will be applied.

EMSA Board will review the request at monthly board meetings

- 6- Your district will validate Player ID

SEASON/YEAR: _____

HOME DISTRICT: _____

CLUB NAME: _____	TELEPHONE: _____
ADDRESS: _____	CITY: _____
E-MAIL ADDRESS: _____	POSTAL CODE: _____

APPLICATION TO PLAY INTO:		
DISTRICT: _____	LEAGUE: _____	DIVISION: _____

TEAM NAME: _____	AGE DIVISION: _____	M: <input type="checkbox"/>	F: <input type="checkbox"/>
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ASSISTANT COACH _____	TELEPHONE: _____
ADDRESS: _____	CITY: _____
E-MAIL ADDRESS: _____	NCCP # _____

TEAM HEAD COACH: _____	TELEPHONE: _____
ADDRESS: _____	CITY: _____
E-MAIL ADDRESS: _____	NCCP# _____

I confirm my club wishes to play into EMSA & will abide by all of EMSA's published rules and discipline policies. EMSA is not responsible for tracking the team's compliance further to this notice and submission of OSCAR roster.

_____ CLUB OFFICIALS NAME & POSITION	_____ TEAM OFFICIALS NAME & POSITION
_____ SIGNATURE	_____ SIGNATURE

Section 4: FOR CLUB'S HOME DISTRICT CONSENT	
DATE APPLICATION RECEIVED _____	APPROVED: <input type="checkbox"/> DENIED: <input type="checkbox"/>
IF DENIED, REASON: _____	
_____ DISTRICT OFFICIALS NAME	_____ DISTRICT OFFICIALS POSITION
_____ SIGNATURE	_____ DATE

Section 5: ELGIN MIDDLESEX SOCCER ASSOCIATION	
DATE APPLICATION RECEIVED: _____	APPROVED: <input type="checkbox"/> DENIED: <input type="checkbox"/>
IF DENIED, REASON: _____	
_____ DISTRICT OFFICIALS NAME	_____ DISTRICT OFFICIALS POSITION
_____ SIGNATURE	_____ DATE