



2019 - 20 INDOOR COACHES REGISTRATION FORM

P.O BOX 852 11151 Keele St., Maple, Ont., L6A 1S8

T. 905.832.0911 F. 905.832.0624

www.vaughansoccer.com

CONTACT INFORMATION (PLEASE PRINT CLEARLY)

Full Name: _____
Last First Date of Birth

Address: _____
Street Address Apartment/Unit #

_____ City Province Postal Code

Home Phone: () Business Phone: ()

Cell Number: () E-mail Address: _____

Do you have your 'Respect in Soccer Certificate? Yes___ No___ If yes, provide Certificate Number: _____

If you wish to Coach a specific Child, please provide the child's information as listed below. If Coaching more than one child please provide information of each child you wish to Coach as listed below;

Childs full name _____ Child's D.O.B. _____ Gender _____

Childs full name _____ Child's D.O.B. _____ Gender _____

Childs full name _____ Child's D.O.B. _____ Gender _____

Are you signing up as Head Coach:___ OR Assistant Coach: _____ Is there somebody you wish to coach with? If yes please provide his/her full name: _____

CONSENT FOR USE OF PERSONAL INFORMATION

I authorize the Canadian Soccer Association, Ontario Soccer Association, YORK REGION SA, and VAUGHAN SC 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 **admin@vaughansoccer.com** or by mail to: **Attention: VAUGHAN Privacy Officer, VAUGHAN SC, 11151 KEELE ST, MAPLE ON L6A 1L1**. 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, YORK REGION SA, and VAUGHAN SC, I, the participant agree as follows:

I am aware of The Ontario Soccer Association, *your* YORK REGION SA, VAUGHAN SC and League bylaws, policies, rules and regulations and agree to abide by them and to be bound by them.

I have been supplied with a copy of the 2020 Coach's Manual which contains the League Rules and Regulations for the Vaughan Soccer Club Youth Recreational League. I have read and fully understand the Rules of the League and agree to abide by these rules.

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 Coach/Administrator

Date

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