

# THE ONTARIO SOCCER ASSOCIATION

## PLAYER DE-REGISTRATION FORM



Player Details	O.S.A. Registrant No.	First Name	Last Name				
	Address					Apt. No.	
	City / Town		Province	Postal Code			
	Area Code	Telephone No.	Date of Birth	Day	Month	Year	Sex (M/F)
	_____ Player's Signature					Date:   Day   Month   Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Team Details	Team Number	Team Name			
	League Number	League Name			
	Club Number	Club Name			
	District Number	District Name			
	Team Age Division	Team Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input checked="" type="checkbox"/> Mixed
This player has been de-registered from the above team and is therefore eligible to sign with another team.					
_____ Name of Club Registrar		_____ Signature of Club Registrar		Date:   Day   Month   Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

SHADED AREA FOR OFFICE USE ONLY	Day   Month   Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
_____ District Registrar's Authorization	

**Note:** This Player de-registration becomes effective on the date authorized by the District Registrar. The District Association is responsible for mailing the "Player Copy" of this form to the player.

**DISTRICT COPY**