

THE ONTARIO SOCCER ASSOCIATION TRIAL REGISTRATION PERMIT (T.R.P.)

Dates of games this Trial Permit Form was used: (Game #1) _____
 20_____
 (Game #2) _____
 20_____

This Trial Permit Form was used for a: League Game: _____ Soccer League _____ League Registrant Number: _____
 L _____ - _____
 Tournament Game: (Tournament Name) _____
 Exhibition Game: (Home Team vs. Away Team) _____ vs. _____

First Name: _____ Second Name: _____ Last Name: _____
 Address: _____ Apt. No.: _____ City: _____
 Province: _____ Postal Code: _____
 Daytime Telephone Number: (_____) _____ - _____ Evening Telephone Number: (_____) _____
 Date of Birth(dd/mm/yyyy): _____ **Citizenship Status:** Canadian Citizen Landed Immigrant Other, Specify:

Club wishing to use the above player in a trial game(s): _____ S.C. _____ Club
 Registrant Number: CD - _____ - _____
 Team for which the player will play on Trial Permit Form: _____ Team
 Registrant Number: TD - _____ - _____
 Authorization of Club Registrar: _____ Name _____ Signature _____ Date _____

Club with which player was last registered: _____ S.C. _____
 Country in which player was last registered: _____
 Year in which player was last registered: _____ (Year)

WARNING: Any person providing false information or withholding the required information in this section shall be suspended from all soccer activities for one year.

PLAYER'S AGREEMENT

I have not registered with any other team in Ontario for this season. I understand that after this form has been validated by the District Association, I will be registered with The Ontario Soccer Association for two trial games during the "Trial Period" indicated and only with the team specified on this form. During the "Trial Period" indicated on this Trial Permit Form, I am eligible for O.S.A. insurance and am subject to the discipline of The Ontario Soccer Association. I agree to abide by the Published Rules of The Ontario Soccer Association, its District Associations, Leagues, and Clubs.

Player's Signature: _____ DATE: _____

15-DAY TRIAL PERIOD

Starting Date: _____ Expiry Date: _____

DISTRICT ASSOCIATION VALIDATION

District Association Approval: _____