



Ottawa Carleton Futsal League

PRE - PLAYER /TEAM REGISTRATION FORM (2010-2011)

Club# CD 0733 League# LC0733DA

CONTACT/MANAGER INFORMATION

Last Name: _____	<input type="checkbox"/> Manager	<input type="checkbox"/> Coach
First Name: _____	Middle Initial: _____	
Address _____	City: _____	
Province _____	Postal Code _____	Email: _____
Home Phone _____	Business Phone _____	Cell Number: _____
Birth Date _____	OSA Registrant _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F

Individual Deposit \$25.00 and \$10 off regular *2010 individual fees

Team Deposit of \$100.00 and \$100 off regular *2010 Team fees

* All deposits are non-refundable.

Player Name

(if different than Contact): _____

Team Name: _____

Club: _____

YOUTH (Please Check One)

- | | | |
|--|--|--|
| <input type="checkbox"/> U4 (born on or after Jan 1/2007) | <input type="checkbox"/> U5 (born on or after Jan 1/2006) | <input type="checkbox"/> U6 (born on or after Jan 1/2005) |
| <input type="checkbox"/> U7 (born on or after Jan 1/2004) | <input type="checkbox"/> U8 (born on or after Jan 1/2003) | <input type="checkbox"/> U9 (born on or after Jan 1/2002) |
| <input type="checkbox"/> U10 (born on or after Jan 1/2001) | <input type="checkbox"/> U11 (born on or after Jan 1/2000) | <input type="checkbox"/> U12 (born on or after Jan 1/1999) |
| <input type="checkbox"/> U13 (born on or after Jan 1/1998) | <input type="checkbox"/> U14 (born on or after Jan 1/1997) | <input type="checkbox"/> U15 (born on or after Jan 1/1996) |
| <input type="checkbox"/> U16 (born on or after Jan 1/1995) | <input type="checkbox"/> U17 (born on or after Jan 1/1994) | <input type="checkbox"/> U18 (born on or after Jan 1/1993) |
| <input type="checkbox"/> U21 (born on or after Jan 1/1990) | | |

ADULT (Please Check One)

Divisions: Premier 1 2 3 4 5

Men

Coed (mixed)

Must have ratio of men and women or vice versa of 3:2

Women

ACCEPTANCE OF TERMS AND CONDITIONS

In consideration of the acceptance of my membership to the OCFL, I, _____
the participant agree as follows:

1. I understand this pre-registration form will be validated and the registration data will be/has been entered in our data base computerized registration system.
2. I have reviewed my copy which indicates pre-registration discount to play Futsal in the upcoming season 2010-2011
3. I am aware of the League bylaws, policies, rules and regulations that this is a discount towards my fees and agree to pay the balance upon registration. Final 2010-2011 individual & Team registration prices to be determined at later date.
4. All deposits are non-refundable.

By signing and dating below you agree to be bound by this Legal Agreement even if you have not read this agreement.

Signature of Guardian/Player

Date

For Office Use Only

Registrar Name / Signature:

Date

CASH: _____

CHEQUE #: _____

BANK: _____

TOTAL DISCOUNT _____

N.S.F: A \$50.00 administration fee is charged on return cheque. Team/player fees: A player / team will not be registered until fees and fines are paid in full.

Final 2010-2011 individual & Team prices to be determined at later date. Teams are based on 10 players per team.
White copy: League- must be attached to regular registration form. Yellow copy: Registrant- must be presented at registration