



THE ONTARIO SOCCER ASSOCIATION TRIAL PERMIT FORM (T.P.F.)

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: _____ (Day) _____ (Month) _____ (Year) 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 of Club Registrar) _____ (Signature of Club Registrar) OSA Registrant Number: _____ Date: (Day) (Month) (Year)

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: _____

This Trial Permit requires validation by the Club's District Association
(NOTE: The player also requires an "O.S.A. Registrant Book" in order to play for a Competitive Team)

BLUE COPY TO FIRST TRIAL GAME

PINK COPY TO CLUB

YELLOW COPY TO SECOND TRIAL GAME

GREEN COPY TO DISTRICT ASSOCIATION