

ONTARIO SOCCER REINSTATEMENT APPLICATION FORM

(For Use by a Club Reinstating a Player to play on an Amateur Team)

Check one: Non-Amateur to Amateur Professional to Amateur

PLAYER INFORMATION

First Name: _____ Last Name: _____

Date of Birth: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Telephone: _____ Email: _____

PLAYING HISTORY

When did the applicant become a Non-Amateur/Professional:

Clubs with which the applicant has played as a Non-Amateur/Professional and period for each:

1. _____ Dates: _____

2. _____ Dates: _____

3. _____ Dates: _____

Club for which the applicant last played as a Non-Amateur/Professional and when:

Date of last game as a Non-Amateur/Professional with the above Club: _____

Has the applicant been reinstated before? Yes No If yes, when: _____

Club for which the applicant desires to play: _____

Club Contact: _____ Telephone Number: _____

Reason for Reinstatement: _____

TO THE BOARD OF DIRECTORS – CANADA SOCCER

I desire to cease playing as a registered Non-Amateur/Professional and apply for reinstatement as an Amateur.

Signature of Player: _____ Date: _____

District Association Approval: _____ Date: _____

Ontario Soccer Approval: _____ Date: _____

PERMIT TO PLAY PENDING REINSTATEMENT

This is to certify that, _____ a former Non-Amateur/Professional player is granted a permit to register as an amateur with _____ effective fourteen (14) days following date of issue, and pending reinstatement approval by Canada Soccer. The player is eligible to play once registered.

Issue Date: _____ Reinstatement Date: _____

Ontario Soccer Approval: _____ Date: _____

Canada Soccer Approval: _____ Date: _____



Play. Inspire. Unite.





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