



# 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: \_\_\_\_\_ 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: \_\_\_\_\_ OSA Registrant Number: \_\_\_\_\_ Date: \_\_\_\_\_ (Day) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) \_\_\_\_\_  
(Name of Club Registrar) (Signature of Club Registrar)

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: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
**15-DAY TRIAL PERIOD**  
District Association Approval: \_\_\_\_\_  
**DISTRICT ASSOCIATION VALIDATION**