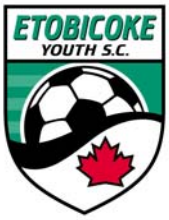

ETOBICOKE YOUTH SOCCER CLUB
270 GALAXY BLVD. Toronto Ontario, M9W 5R8
T: 416 622 8726 Fax: 416 621 4488 E-mail: eysc@bellnet.ca

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EYSC APPLICATION FOR 2018 REFEREE Entry Level Clinic

Please choose one of the following 2018 Clinics:

___Referee – Entry Level Clinic #1 – April 28 & 29, 9am to 5pm at Location: Etobicoke Olympium (590 Rathburn Rd.)

___Referee – Entry Level Clinic #2 – May 26 & 27, 9am to 5pm at Location: Etobicoke Olympium (590 Rathburn Rd.)

Note:
- A limit of 25 participants will be accepted per clinic on a first come first serve basis.
– Registration Fee (includes lunch): $165. Application & payment must be submitted at the same time.

Participant Name: _____

Address: _____

City: _____ Postal Code: _____

Hm: _____ Cell: _____

E-mail: _____

Date of Birth: _____

(OSA Registration #) _____

Participant Signature: _____

Methods of Payment:
□ Cheque or money order payable to: Etobicoke Youth Soccer Club
□ Cash
□ Visa # _____ Expiry Date_____
□ MasterCard # _____ Expiry Date_____

Consent for Use of Personal Information
I authorize the Ontario Soccer Association (OSA) to collect and use personal information about me/my child/ward, including name, address, e-mail, telephone #, cell #, fax #, sex, age, date of birth, health card # (optional) and performance statistics for the following purposes:
-Receiving communications from the OSA;
-Determining qualifications for upgrading;
-In the case of medical emergencies;
I also authorize the OSA to disclose my/my child's/ward's personal Information for the Canadian Soccer Association, AIMS, mailing house (for direct communications from the OSA), District Associations, Leagues and Tournament Host Organizations for the purpose of annual demographic reporting, registration, posting competition information and to communicate with registrants about soccer programs, events and activities.
I understand that I may withdraw consent to the collection, use or disclosure of my personal information at any time by contacting the OSA's Privacy Officer at 905 264-9390.
Parent must sign if participant is under the age of 18 years.

I, _____, of the City of _____ and Province of Ontario, am fully informed as to the contents of this consent and understand the full import of powers to the OSA, solemnly declare that I am of legal age and have authority and capacity to bind myself/my child/ward and have executed this consent voluntarily.

_____ _____
Signature Date

Please mail the enclosed application with cheque to:

EYSC c/o Administrator, Referee Clinic, 270 GALAXY BLVD. Toronto Ontario, M9W 5R8

Only if payment is by credit card please fax to EYSC at, Fax: 416 621 4488