

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 immediately following date of issue, and pending reinstatement approval by Canada Soccer. As per FIFA a professional player may not be reinstated to amateur status until 30 days from the date of the last match played as a professional.

Issue Date: _____

Reinstatement Date:

Ontario Soccer Approval: _____

Date:

Canada Soccer Approval: _____

Date:



Play. Inspire. Unite.

