



# TEAM OFFICIAL REGISTRATION FORM

To be completed by EACH team official at the beginning of every season

Name: \_\_\_\_\_

Home Tel #: \_\_\_\_\_

Address: \_\_\_\_\_

Work Tel#: \_\_\_\_\_

Postal code: \_\_\_\_\_

Cell Tel #: \_\_\_\_\_

Date of Birth (dd/mm/yy) \_\_\_\_\_

e-mail \_\_\_\_\_

Applying to work with the following team(s):

| Club Name (e.g. Force, CYSA etc.) | Recreational D-League Premier | Team Gender Boys/Girls | Division e.g. U10 | Coach Licences e.g. C-Licence, Active Start | Position applying for (e.g. Coach, Mgr, trainer etc.) |
|-----------------------------------|-------------------------------|------------------------|-------------------|---|---|
|                                   |                               |                        |                   |   |   |
|                                   |                               |                        |                   |   |   |
|                                   |                               |                        |                   |   |   |

## Sign this section if submitting forms to go through a screening process:

I agree to allow St. Charles Soccer Association to complete a Criminal Record check and Child Abuse Registry Check; and I agree to allow St. Charles Soccer Association to release my successful screening information for the purpose of team travel as required by different associations.

|                  |             |
|------------------|-------------|
| Signature: _____ | Date: _____ |
|------------------|-------------|

OR

## DECLARATION OF STATUS (for team officials who have been screened in the last 30 months)

I \_\_\_\_\_, (name) declare that I have cleared the following screening procedures in the last 30 months: **Criminal Record Search**  **Child Abuse Registry Search**  \*Please attach documentation if screened outside St. Charles Soccer Association

In addition, I know of no circumstances that would have occurred in the interim to change this status or prevent me from clearing the screening process at this time and I agree to allow St. Charles Soccer Association to release my successful screening information for the purpose of team travel as required by different associations.

|                  |             |
|------------------|-------------|
| Signature: _____ | Date: _____ |
|------------------|-------------|

Office use only:

Documentation verified by: \_\_\_\_\_ CPIC  Date \_\_\_\_\_ CAR  Date \_\_\_\_\_