



**MANITOBA SOCCER ASSOCIATION
INDOOR SENIOR CLUB REGISTRATION**



2011-2012 INDOOR SEASON

To be completed and signed by Club Official of non-affiliated Senior Indoor Clubs playing in sanctioned Indoor Leagues.

SECTION 1

Full Name of Organization/Club: _____

SECTION 2

Name of the League or Association of which you are a member: _____

SECTION 3

President / Owner / Convenor/Coach:

Name: _____	E-mail: _____
Address: _____	Postal code: _____
Phone: Res: _____	Phone: Bus: _____
Fax: _____	Club / Website: _____

Please indicate if you want information sent to this person **Yes** **No**

SECTION 4

Secretary / Contact: (If different from Section 3).

Name: _____	E-mail: _____
Address: _____	Postal code: _____
Phone: Res: _____	Phone: Bus: _____
Fax: _____	

Please indicate if you want information sent to this person **Yes** **No**





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The organization named above is responsible for informing the Manitoba Soccer Association in writing of any changes in name and contact information of those named in Section 3 or Section 4 above.

SECTION 5

In consideration of acceptance of the above named organization to play in an affiliated league, said organization agrees to register all players and club officials; to abide by the By-Laws, Rules and Regulations, policies and procedures as established by the Board of Directors of the Manitoba Soccer Association and the Canadian Soccer Association. The organization understands that it and its officials are responsible to the Manitoba Soccer Association for the conduct of its players, officials and spectators. The organization declares that it has no outstanding debts to the Manitoba Soccer Association or any member organization; and hereby certifies that the statements herein are true. The organization agrees to complete the Privacy Consent Form "Schedule C" and the Release/Permission Consent Form "Schedule D" for submission to the Manitoba Soccer Association.

Signature of President / Owner: _____ Date: _____

Signature of Secretary / Contact: _____ Date: _____





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PRIVACY CONSENT FORM SCHEDULE "C"

If you have indicated on your application that information is to be sent to two contacts please have both contacts sign this form and send in with your application.

I/we _____ and _____ consent to the collection, use and disclosure of my/our personal information as provided on the Manitoba Soccer Association 2011 form for the following purposes:

- To enable the Manitoba Soccer Association to provide services such as communications regarding events and programs that is relevant to your organization.
- For the purpose of administering the requirements of the By-laws and Rules and Regulations including Discipline and Appeals of the MSA, members of the MSA and the Canadian Soccer Association.
- The MSA has as its members a number of soccer organizations which offer soccer programs under its auspices such as leagues, associations and clubs. The MSA may disclose personal information provided on this affiliation form to these organizations to facilitate soccer programming and ensure compliance with Rules and Regulations of these members.

Name of Organization: _____ Date: _____

Name 1st Contact (Print): _____ Signature: _____

Name 2nd Contact (Print): _____ Signature: _____

The MSA would like to send your organization information by Email. If you do **not** want us to send information to the e-mail address you have provided on the form please indicate below:

Please do not send information to 1st Contact Email address. (Check) _____

Please do not send information to 2nd Contact Email address. (Check) _____





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RELEASE/PERMISSION CONSENT FORM SCHEDULE "D"

To ensure that the Manitoba Soccer Association has accurate information as to who in your organization has signing authority for MSA forms please complete the following.

The forms include, but are not limited to Travel Applications, Guest Player Permission Forms, Host Tournament Applications, Youth to Senior Permits, Bingo Applications.

I, _____ as the Official Representative of the _____ Organization

Agree that the following individuals have signing authority for Manitoba Soccer Association Forms:

Name: _____ Title: _____ Signature: _____

Name: _____ Title: _____ Signature: _____

Name: _____ Title: _____ Signature: _____

Name: _____ Title: _____ Signature: _____

Comments:

(Date)

(Authorized Official Representative Signature)

