



2009 OAK RIDGES SOCCER CLUB VOLUNTEER REGISTRATION FORM



HELP WANTED and NEEDED!

*The goal of the Oak Ridges Soccer Club is to have all players enjoy playing soccer. The Club depends on the contributions of **volunteers** to ensure that programs run properly and efficiently.*

Please consider getting involved!

Name: _____

Phone: _____ e-mail: _____

Business/Cell Phone: _____ Fax: _____

Address: _____

Children registered to ORSC (if any) please include year of birth: first name only

1. _____ y.o.b: _____ 2. _____ y.o.b _____

3. _____ y.o.b. _____ 4. _____ y.o.b. _____

IF COACHING AND YOU HAVE MORE THAN ONE CHILD, PLEASE CIRCLE NAME(S) ABOVE YOU WOULD LIKE TO COACH

I would like to help with or be a: (please check one or more)

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="radio"/> Coach / Assistant Coach * <input type="radio"/> House League Convenor <input type="radio"/> Executive Director <input type="radio"/> Trophy Day <input type="radio"/> Fundraising | <ul style="list-style-type: none"> <input type="radio"/> Trainer <input type="radio"/> Administration <input type="radio"/> Equipment Management <input type="radio"/> Picture Day <input type="radio"/> Registration Day |
|---|--|

Other ways I can help: _____

Agreement: *I agree to abide by the published rules of the Ontario Soccer Association, the York Region Soccer Association and the Oak Ridges Soccer Club.*

**As a Coach or Assistant Coach I also agree to volunteer screening.*

Signed: _____ Dated: _____ / _____ / _____
D M Y

OFFICE USE ONLY: O.S.A. _____ / _____ / _____ **Initial:** _____ **TEAM #(s):** _____

Please Mail to: Oak Ridges Soccer Club P.O. Box 2025, Richmond Hill, Onto, L4E 1A0
 Fax to: 905 313 8919 or Email to: info@oakridgessoccer.com
 Phone: 905 313 8920

www.oakridgessoccer.com