



The Ontario Soccer Association
7601 Martin Grove Road,
Vaughan, Ontario
L4L 9E4

Telephone: (905) 264-9390
Fax: (905) 264-9445
Email: TheOSA@soccer.on.ca
Website: www.ontariosoccer.net

Quest for Gold – Ontario Athlete Assistance Program 2016-2017
ATHLETE APPLICATION ACKNOWLEDGEMENT FORM

PLAYER NAME: _____ **PLAYER D.O.B.** _____

PLEASE CHECK BOX IN ACCORDANCE TO WHAT PROGRAM YOU CURRENTLY ARE A PARTICIPANT (check all that apply):

☐

2016 season Ontario Provincial Development League (OPDL) Player

OPDL Team: _____

☐

2016 season League One Player

League One Team: _____

HOME ADDRESS: _____

EMAIL: _____

HOME PHONE: _____

CELL: _____

By submitting this application, I acknowledge that I understand the following:

- That I am responsible to determine the impact of accepting OAAP funding on current or future NCAA eligibility and to decide whether or not to accept OAAP funding. _____ (initial)

PLEASE COMPLETE THIS ATHLETE APPLICATION ACKNOWLEDGEMENT FORM AND YOUR PLAYER RESUME WITH POINTS CLAIM DOCUMENT THAT MUST BE RECEIVED BY ONTARIO SOCCER ASSOCIATION BY OR BEFORE NOVEMBER 30, 2016 (HARD COPY, FAX OR SCANNED AND EMAILED) TO:

KEVIN SMALL,
High Performance Coordinator
The Ontario Soccer Association
7601 Martin Grove Road
Vaughan, ON
L4L 9E4
Fax: 905-264-9445
Email: ksmall@soccer.on.ca