



**ONTARIO
SOCCER**

EST. 1901

ONTARIO SOCCER
7601 Martin Grove Road, Vaughan ON L4L 9E4
905.264.9390 • ontariosoccer.net

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**Quest for Gold – Ontario Athlete Assistance Program 2017-2018
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):

☐

2017 season Ontario Provincial Development League (OPDL) Player

OPDL Team: _____

☐

2017 season Ontario Provincial Team final selection Player

Provincial Team Age Group: _____

☐

2017 signed Canada Soccer Regional Excel Player

☐

2017 season Ontario Provincial Team final selection 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
BY OR BEFORE NOVEMBER 30, 2016 (HARD COPY, FAX OR SCANNED AND EMAILED) TO:**

**KEVIN SMALL,
Sr. High Performance Coordinator
Ontario Soccer**



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