Club Volunteer Screening Record Club Name and Season_____

Team Official Name Last Name	First Name	**Ontario Soccer Registration #**	**Team Birth Year and Gender**	NCCP Number	R.I.S Date Completed	Club Screening Status Complete
Club President Signature:						Date:

*The individuals listed herein have been verified by the Club as having successfully completed all mandatory screening requirements prescribed by the Club, the Durham Region Soccer Association (DRSA), and Ontario Soccer. This confirmation is based solely on the information provided to and maintained by the Club. Compliance verification is subject to applicable policies and regulations as set forth by governing bodies.

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