

ONTARIO SOCCER REINSTATEMENT APPLICATION FORM

(For Use by a Club Reinstating a Player to play on an Amateur Team)

Check one: ☐ Non-Amateur to Amateur ☐ Professional to Amateur

PLAYER INFORMATION		
First Name:	Last Name:	
Date of Birth:		
Address:		
City:	Prov.:	Postal Code:
Telephone:	Email:	
PLAYING HISTORY		
When did the applicant become a Non-Amateur/Professional:		
Clubs with which the applicant has played as a Non-Amateur/Professional and period for each:		
1.	Dates:	
2.	Dates:	
3.	Dates:	
Club for which the applicant last played as a Non-Amateur/Professional and when:		
Date of last game as a Non-Amateur/Professional with the above Club:		
Has the applicant been reinstated before? ☐ Yes ☐ No If yes, when:		
Club for which the applicant desires to play:		
Club Contact:		Telephone Number:
Reason for Reinstatement:		
TO THE BOARD OF DIRECTORS – CANADA SOCCER		
I desire to cease playing as a registered Non-Amateur/Professional and apply for reinstatement as an Amateur.		
Signature of Player: _____	Date: _____	
District Association Approval: _____	Date: _____	
Ontario Soccer Approval: _____	Date: _____	
PERMIT TO PLAY PENDING REINSTATEMENT		
This is to certify that, _____ a former Non-Amateur/Professional player is granted a permit to register as an amateur with _____ effective immediately following date of issue, and pending reinstatement approval by Canada Soccer. As per FIFA a professional player may not be reinstated to amateur status until 30 days from the date of the last match played as a professional.		
Issue Date: _____		Reinstatement Date: _____
Ontario Soccer Approval: _____		Date: _____
Canada Soccer Approval: _____		Date: _____





Play. Inspire. Unite.

