



ADULT DEVELOPMENT PROGRAM 18+/30+Affiliate Registration Form



Players who want to play on more than one team (other than a Composite Team) must complete this form, with appropriate signatures, and submit it to their Adult Program Co-ordinator for approval. Deadline date is January 8th to be in the ORA office. Note: Information Change Forms are also required after November 15th and should accompany this form.

Player's Name: _____

Address: _____ Temporary Address: _____
(if applicable)

Email Address: _____ Telephone: _____

Birth Date: _____ O.R.A. #: _____

Presently Registered With: _____ Year: _____

Request To Play For: (Team) _____
(Association) _____ (Region) _____

Affiliate Team (if applicable): _____
(Association) _____ (Region) _____

Varsity/Club Team (if applicable): _____
(Association) _____ (Region) _____

Reason for Request (e.g. under-aged player, affiliate player, varsity/club player, etc.):

Are you also registered on a Composite Team (Y/N): _____ (Team) _____

Applicant Signature: _____ Date: _____

Signatures are required from all (Head) Coaches:

Coach: _____ Team: _____ Date: _____

Coach: _____ Team: _____ Date: _____

A signature is required from the President of the minor association for transfers of under-aged players to Open teams:

President: _____ Association: _____

ADP Regional Co-ordinator: _____ Date: _____