



EMSA Soccer Portal Registration Form

Households

Create Account

Zone:

Email Address:

First Name:

Last Name:

Community:

EMSA Newsletter: Sign me up for the EMSA newsletter

Password:

Complete Account Holder Information:

Step 1: Personal Information

First Name:

Last Name:

Gender: Female Male

Date Of Birth:

Person Type: Parent/ Guardian Child Other

Step 2: Address

Community:

Membership #:

Primary Phone #:

ext.

Secondary Phone #:

ext.

Person's Email:

Home Address

Home Address 1:

Home Address 2:

Home Address 3:

City:

Province:

Postal Code:

Mailing Address

Mailing Address 1:

Mailing Address 2:

Mailing Address 3:

Mailing City:

Mailing Province:

Mailing Postal Code:

Add Person to Your Account:

Step 1: Personal Information

First Name:

Last Name:

Gender: Female Male

Date Of Birth:

Person Type: Parent/ Guardian Child Other

Community:

EMSA Newsletter: Sign me up for the EMSA newsletter

Password:

First Name:

Last Name:

Gender:

Date Of Birth:

Person Type: Parent/ Guardian Child Other

Step 2: Address

Community:

Primary Phone #: ext.

Secondary Phone #: ext.

Person's Email:

Home Address

Home Address 1:

Home Address 2:

Home Address 3:

City:

Province:

Postal Code:

Mailing Address

Mailing Address 1:

Mailing Address 2:

Mailing Address 3:

Mailing City: Mailing Province:

Mailing Postal Code:

Players

Step 1: General

Season:

How Many Seasons
have you played?:

Requests: I want to play keeper.
Choosing to play keeper does not necessarily mean that you will be keeper.

I want to play with...

I want to be coached by...

Step 2: Program

Community:

Age Category:

Competitive Play: I want to play for premier/club team (tryouts are required for U10 - U18)

Program:

Step 3: Emergency Info

Emergency Contact #1

Full Name:

Relationship:

Phone #: ext.

Emergency Contact #2

Full Name:

Relationship:

Phone #: ext.

Medical Conditions/Information

Please list any relevant medical conditions or prescriptions that the coach should be aware of.

Additional Information

Any information you think that the coach should be aware of.

Step 4: Volunteers

Volunteer Requirements:

Volunteer #1:

Role Preference:

Step 5: Other

Additional Information

Step 6: Terms & Conditions

EMSA North Player Waiver Signed _____ (Signature)

EMSA North Facilities Waiver Signed _____ (Signature)



Step 7: Payment

Payment Options

- Credit Card (Online Payment)
- Cheque (Payment must be submitted in person)
- Cash (Payment must be submitted in person)
- Funding Plan Request (e.g., Kidsport, Jumpstart)
- Other

Credit Card

First Name:

Last Name:

Phone #:

Expiry:

CVV:

Billing Address

Home Address 1:

Home Address 2:

Home Address 3:

City:

Province:

Postal Code:

Register A Team Official

Season Information

Person:

Season:

Zone/Community:

Please specify any applicable qualifications or training you may have:

Requests/Preferences

Role Preference:

Program Preferences:

I want to be team official for a premier team.

I want to be team official for these players:

Other Requests:

Contact Information

Primary Phone #: ext.

Secondary Phone #: ext.

Person's Email:

EMSA South East Privacy Policy Signed

(Signature)

