

## CENTRAL REGION IModel REQUEST FORM FOR SPECIAL DISPENSATION

This form is for a special dispensation request made by a Registrant and submitted to the Central IModel Regional Committee, for assessment and decision.  
When completed, send this form to your District Association.

Contact Information of Registrant Requesting Special Dispensation					
Full Name:					
E-Mail:					
Phone:					
Registrant Status:	Administrator	Coach	Match Official	Player/Parent	
Member Club:			Participant's Name:		
Team Name:			Age level: (i.e., U14 boys)		
Grounds for consideration of IModel Special Dispensation					
<p>The registrant must clearly explain and justify the reason for requesting special dispensation.  <b>Disagreement with the IModel rules is not a valid reason for consideration.</b></p> <p><b>Note:</b> IModel Rules, Sect 9: <b>E Player Parent/Guardian Approval:</b> I have read, understand, agree, and acknowledge that by initialing/signing this registration form, I understand the following IModel rule; A player may only register and participate with one (1) Club in the IModel league during an Outdoor Season. Player transfer to another IModel team within the same Club is permitted provided it is before the roster freeze deadline of July 31. For a U13 aged player, appropriate Fast Tracking documentation requesting the player to play up to another team is required.</p> <p><b>Transfer from one IModel Team to another IModel Team in a different Club is not permitted in the same Outdoor season.</b></p> <p>Please ensure you have reviewed and understand all IModel Rules and Regulations – Club/Team registration details.            Since this process is reviewed without a hearing, please attach all relevant information to this form.</p>					
<b>Please check off boxes on the left before submitting this document:</b>					
<input type="checkbox"/>	I/We have notified the Club and Team Head Coach that I am currently registered with				
<input type="checkbox"/>	I/We have reviewed & understand the IModel Rules and Regulations and confirm that I am registered with one (1) team only				
<input type="checkbox"/>	I/We have reviewed the club registration and club /team policies and rules				
<input type="checkbox"/>	I have an extraordinary circumstance needing consideration.				
<input type="checkbox"/>					
Special Dispensation Request Information					
What is the request for special dispensation?					



Date of Submission:	

### Supporting Details

*Please provide details that supports your request for special dispensation. You will not be able to resubmit any new details or a submission after this application is submitted. Additional pages may be attached.*

--

### Special Dispensation Check List

1. Complete this IModel Request Form.
2. Check off all boxes as required.
3. Fill in supporting details for submission in their entirety.
4. Sign below.

**Note:** Decisions made by the Central IModel Regional Committee may be challenged to the Provincial IModel Steering Committee however, must be submitted using the IModel Decision Challenge Form located at; <https://www.ontariosoccer.net/imodel>. Submissions without using this form will not be accepted.

**Challenges, if submitted, must be filed within 14 days of notification.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



***For internal use only:***

Request No: \_\_\_\_\_ Date received: \_\_\_\_\_

Approved: ☐Denied: ☐

Notification date: \_\_\_\_\_

***The receiving district must review and submit the following documents together with this form:*****Player Special Dispensation – Verification Checklist****A. Proof of Player Registration**

- ☐ Obtain and attach official proof of player registration from the Club's registration system.
- ☐ Ensure the registration form includes all mandatory player details (name, DOB, OS number, club name, and team designation).
- ☐ Confirm that Section 9 (E) is included and has been signed and initialed by the Player/Guardian
- ☐ Note: Failure to provide signed Section 9 (E) may result in the player's request being **approved**.

**B. Player Eligibility Verification**

- ☐ Confirm the player has a valid and unique Ontario Soccer (OS) registration number.
- ☐ Search the OS database to ensure there are **no duplicate or active registrations** under another club or IModel team for the same season.
- ☐ Attach verification screenshot or documentation from the Ontario Soccer Registration System confirming eligibility.






**C. Club Financial Standing**

- ☐ Verify that all registration and program fees have been paid in full to the player's current club.
- ☐ Confirm there are no outstanding payments, fines, or disciplinary-related holds on the player's record.
- ☐ Record date and name of club official who confirmed financial status.

**D. Club and Coach Acknowledgement**

- ☐ Obtain confirmation from the Club and Team Coach acknowledging awareness of the player's request and record the name of club official and Team Coach who confirmed.
- ☐ Include any feedback or comments provided by the Club or Coach (attach separately if required).



 <p><b>Durham Region Soccer Association</b> Tel: 905 436 8620 ext. 200 <a href="http://www.durhamregionsoccer.ca">www.durhamregionsoccer.ca</a></p> <p>Director of Operations: Michelle Loveless Email: <a href="mailto:mloveless@durhamregionsoccer.ca">mloveless@durhamregionsoccer.ca</a></p>	 <p><b>East Central Ontario Soccer Association</b> Tel: 705 931 2041 <a href="http://www.ecosa.ca">www.ecosa.ca</a></p> <p>District Administrator: Jeff Bird Email: <a href="mailto:ecosa.exec.da@gmail.com">ecosa.exec.da@gmail.com</a></p>
 <p><b>Huron District Soccer Association</b> Tel: 705 739 6729 <a href="http://www.hdsasoccer.ca">www.hdsasoccer.ca</a></p> <p>Senior Manager: Brad Doubrough Email: <a href="mailto:hds1@hdsasoccer.ca">hds1@hdsasoccer.ca</a></p>	 <p><b>TO Soccer Association</b> Tel: 416 783-7515 <a href="http://www.torontosoccerassociation.ca">www.torontosoccerassociation.ca</a></p> <p>Operations Manager: Sergi Ivanchenko Email: <a href="mailto:tsaleagues@torontosoccer.net">tsaleagues@torontosoccer.net</a></p>
 <p><b>York Region Soccer Association</b> Tel: 905 660 3029 <a href="http://www.yrsa.ca">www.yrsa.ca</a></p> <p>Operations Manager: Shelagh Longworth Email: <a href="mailto:slongworth@yrsa.ca">slongworth@yrsa.ca</a></p>	<p>Questions about IModel:</p> <p><a href="https://www.ontariosoccer.net/imodel">https://www.ontariosoccer.net/imodel</a> <a href="mailto:imodel@ontariosoccer.net">imodel@ontariosoccer.net</a></p> 