



YRSA Appeal Request Form

For Appeals to YRSA Only - application should be sent via to slongworth@yrsa.ca

Contact Information of Individual Requesting Appeal

First Name: _____ Last Name: _____

Address: _____ Apartment/Unit #: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Alternate Phone: _____

Email Address: _____

Your Status: _____ Admin _____ Coach _____ Referee _____ Player _____

Registrant/Registered Organization requesting an Appeal (Appellant)

First Name: _____ Last Name: _____

Address: _____ Apartment/Unit #: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Alternate Phone: _____

Email Address: _____ Registrant No: _____

Your Status: _____ Admin _____ Coach _____ Referee _____ Player _____

Grounds for the Appeal

The Appellant must provide clear and substantial evidence to prove one or more of the grounds for appeal listed below. Simply not agreeing with the decision being appealed is not grounds for appeal and will not be heard

_____ The decision made is beyond the authority and jurisdiction of the decision maker as set out in applicable governing documents.

_____ New facts now available that were not in existence or could not have been discovered by due diligence when the decision was made.

_____ The decision maker failed to properly interpret the relevant Published Rules.

_____ The decision maker failed to follow procedures as described in the relevant Published Rules.

_____ The decision was influenced by bias, where bias is defined as a lack of neutrality to such an extent that the decision-maker is unable to consider other views.

_____ The decision is excessive of the guidelines established related to fines, fee, penalties, or bonds.



Appeal Information

Request for Leave to Appeal a Decision of:
League or club (Governing Organization) _____ (Respondent)
Date of Decision: _____ Date Decision was Received, if Received: _____
Appeal must be filed within 14 days of receipt of the decision being appealed and the Rights to Appeal document
Date Rights of Appeal Received, if Received: _____
Outstanding Fine, Fee, Bond, or Penalty, if so, list amount: \$ _____
**List any outstanding fines, fees, bonds, or penalties pertaining to this appeal or other*
Remedy Requested: _____

Supporting Evidence

Please provide a list of all evidence that supports your application for leave to appeal. You will not be able to resubmit any new evidence or a submission after this application is submitted.
Copies of your appeal and the Respondent's responses will be provided to both parties by YRSA.
Additional pages may be attached.

Witness

List

Please list all individuals you intend to bring as a witness (if any) to testify on your behalf.

Appeal Application Check List

Complete York Region Soccer Association Appeal Request Form:

1. Provide a copy of the decision being appealed or your (the Appellant's) understanding of the decision if the decision has not been received or provided.

2. Enclose a payment of three hundred and seventy-five dollars (\$375) in the form of a certified cheque or postal money order. Your leave to appeal will be denied if payment is not received.
3. Attach submissions, evidence, and attachments in their entirety.
4. Complete our witness list.
5. Sign below

Signature

Date

