

CATARAQUI CLIPPERS SOCCER CLUB - PLAYER REGISTRATION FORM INDOOR 2009-2010 (BOYS U-18 COMPETITIVE PROGRAM)

PERSONAL INFORMATION

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *Province* *Postal Code*

Mother /Father (Guardian) Name: _____ Phone: _____

Home Phone: () _____ Business Phone: () _____

Cell Number: _____ E-mail Address: _____

Birth Date: (y/m/d) _____ OSA Registrant # _____ Gender: _____

Prior Soccer Playing Experience: Competitive _____ years Team last played for _____

Are you a goal keeper? (circle one) Yes No

PLAYING HISTORY

ATTENTION: The "PLAYING HISTORY" section MUST be completed – Any person who provides false information or withholds any of the required information will be suspended from all Ontario Soccer Association activities for one year.

Has the player **ever** registered to play soccer in another country? ___ Yes ___ NO

If Yes, answer the following questions:

a) In which country (other than Canada) did the player **last** register? _____

b) With which Club did the player **last** register in another country? _____

c) In which year did the player **last** register in another country? _____

PAYMENT

COMPETITIVE BOYS U-19 PROGRAM - \$185.00

Payment Type: Cheque _____ Cheque # _____ Cash _____ Amount Paid _____

_____ Administrator Signature

NOTE: Cash is only accepted at walk-in registrations. Cash that is mailed or left at any drop-off is done at own risk. No refunds or compensation will be provided without valid, official proof of cash payment. No exceptions.

I authorize the Canadian Soccer Association, the Ontario Soccer Association, Southeastern Ontario Soccer Association, and Cataraqui Clippers Soccer Club to collect and use personal information about me or my child/ward for the purpose of receiving communications from the Ontario Soccer Association, District, League and Club.

I understand that I may withdraw such consent related to receiving communications at any time by contacting the OSA Privacy Officer at **OSAPrivacyOfficer@soccer.on.ca** or by mail to: **Attention: OSA Privacy Officer, Ontario Soccer Association, 7601 Martin Grove Road, Vaughan ON L4L 9E4**. The Privacy Officer will advise the implications of such withdrawal.

We do not sell or distribute your personal information to any other third party not listed herein.

ACCEPTANCE OF TERMS AND CONDITIONS

In consideration of the acceptance of my or my child/ward's membership in the Ontario Soccer Association, District Association and Club, I, the participant and parent/guardian (if participant is under 18 years of age), agree as follows:

- I understand that I or my child/ward cannot play in any sanctioned soccer game until after this registration form has been validated and the registration data has been entered in The Ontario Soccer Association's computerized registration system.
- I have reviewed the waiver/participation agreement attached and my signature affixed hereto indicates my agreement with such waiver/participation agreement.
- I am aware of The Ontario Soccer Association, Southeastern Ontario Soccer Association, Cataraqui Clippers Soccer Club and League bylaws, policies, rules and regulations and agree to abide by them and to be bound by them.
- I accept sole responsibility for my or my child/ward's personal possessions and athletic equipment.
- I accept all liability for any damage to the playing equipment caused by me or my child/ward's careless, negligent and/or improper handling.

I acknowledge that I have read this registration agreement in its entirety and that I have executed this registration agreement voluntarily.

Signature of Participant (If aged 18 and over)

Signature of Parent/Guardian (If under 18)

Date

<p>For use by CLUB REGISTRAR</p> <p>Verification of Birth date: ___ Birth Certificate ___ Player Book ___ Other</p> <p>SIGNATURE _____ Date _____</p>	<p>Cataraqui Clippers Soccer Club P.O. Box 20034 RPO Taylor Kidd Kingston ON K7P 2T6</p>
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ONTARIO SOCCER ASSOCIATION PARTICIPATION AGREEMENT

FOR THOSE UNDER 18 YRS

By signing this document you will waive certain legal rights, PLEASE READ CAREFULLY.

Name of Participant: _____ Age _____ Date of Birth _____

IN CONSIDERATION of allowing my minor child/ward to participate in the programs, activities and events of The Ontario Soccer Association,

I ASSURE TO YOU THAT:

1. I am the parent/guardian of the above named participant having full legal responsibility for decisions regarding the above named participant.
2. I believe that my minor/ward is physically, emotionally and mentally able to participate in the programs, activities and events of The Ontario Soccer Association.
3. I hereby acknowledge that I am aware of the risks and hazards associated with or related to soccer. The risks and hazards include, but are not limited to injuries from:
 - a. Executing strenuous and demanding physical techniques in soccer;
 - b. Dryland training including weights, running and massage;
 - c. Grass, turf and other surfaces including bacterial infections and rashes;
 - d. Falls to the ground due to uneven or irregular terrain or surfaces;
 - e. Collisions with walls and soccer equipment;
 - f. Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
 - g. Extreme weather conditions which may result in heatstroke, sunstroke or hypothermia;
 - h. Contact, colliding or being struck by other participants, spectators, equipment or vehicles;
 - i. Vigorous physical exertion and strenuous cardiovascular workouts;
 - j. Exerting and stretching various muscle groups; and
 - k. Travel to and from competitive events and associated non-competitive events which are an integral part of the organization's activities.
4. Furthermore, I am aware that my child/ward may:
 - a. Sustain injuries in soccer that can be severe, cause spinal cord injuries and even be fatal;
 - b. Experience anxiety while challenging himself/herself during the activities, events and programs;
 - c. Come into close contact with other participants, including the possibility of accidental and unexpected contact;
 - d. Risk of injury is reduced if he/she follows all rules established for participation; and
 - e. Risk of injury increases as he/she become fatigued.

I UNDERSTAND AND AGREE, on behalf of myself, my heirs, assigns, personal representatives and next of kin that my signing of this document constitutes:

5. I am registering my child/ward willingly and my child/ward is participating voluntarily in these activities, events and programs.
6. I agree that there are risks in soccer as described above and my child/ward will be exposed to these risks and hazards.
7. I agree to **accept all these risks and hazards** and be responsible for any injury or other loss which my minor child/ward might receive while participating in these events, activities and programs.
8. If something happens to my child/ward, I **release** the Organizers of responsibility for any claims, demands, actions and costs which might arise out of my child/ward's participation. I understand "Organizers" to mean: The Ontario Soccer Association, District Associations, Leagues, Clubs and their directors, officers, members, employees, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of facilities, and representatives.

Accident Insurance

Executing this agreement will not preclude you from accident insurance coverage, subject to the terms and conditions of The Ontario Soccer Association's insurance policy.

I ACKNOWLEDGE MAKING THIS AGREEMENT

I have read and understood the terms and conditions of this agreement, and by signing it voluntarily, I am agreeing to abide by these terms.

Printed Name of Parent or Guardian

Signature of Parent or Guardian Date