



# Caledon Soccer Club

(a not-for-profit corporation) (players under 18 yrs of age)

## PLAYER REGISTRATION FORM – Indoor 2017-2018

Please print clearly

### PLAYER INFORMATION

Full Name: \_\_\_\_\_  
Last First Middle

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Verification: \_\_\_\_\_  
yyyy / mm / dd

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell or Business Phone: (\_\_\_\_) \_\_\_\_\_  
City Postal Code

Program Choice: Recreational \_\_\_\_\_ Rep \_\_\_\_\_ U6: Monday \_\_\_\_\_ or Wednesday \_\_\_\_\_

Medical issues: \_\_\_\_\_ OSA Registration # : \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Parent/Guardian e-mail address: \_\_\_\_\_

### ACCEPTANCE OF TERMS AND CONDITIONS

In consideration of the acceptance of my child/ward's membership in The Ontario Soccer Association and the Caledon Soccer Club, I, the participant and parent/guardian, agree as follows:

1. I understand that I cannot play in any sanctioned soccer game until this registration form has been validated and the registration data has been entered in The Ontario Soccer Association's computerized registration system.
2. I have reviewed the waiver/participation agreement attached and agree with such waiver/participation agreement.
3. To abide by the published rules of The Ontario Soccer Association, Peel Halton Soccer Association, and the Caledon Soccer Club and agree to be bound by them.

I am solely responsible for my/child/ward's personal possessions and athletic equipment and accept liability for any damage to the playing equipment caused by my careless, negligent and/or improper handling.

### PLAYING HISTORY

**WARNING: This 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 you last register? \_\_\_\_\_
- b) With which Club did last register in another country? \_\_\_\_\_
- c) In which year did you last register in another country? \_\_\_\_\_

### CANADIAN INFORMATION

With which Club did the player last register? \_\_\_\_\_

In which year did the player last register?: \_\_\_\_\_

### CONSENT FOR USE OF PERSONAL INFORMATION

I authorize the Ontario Soccer Association, Peel Halton Soccer Association, and the Caledon 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, Peel Halton Soccer Association, and the Caledon Soccer Club. I understand that I may withdraw consent to collection, use or disclosure of my or my child/ward's personal information at any time by contacting the OSA Privacy Officer at [OSAPrivacyOfficer@soccer.on.ca](mailto:OSAPrivacyOfficer@soccer.on.ca) or by mail to: **Attention: OSA Privacy Officer, The Ontario Soccer Association, 7601 Martin Grove Road, Vaughan ON L4L 9E4.**

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

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

For Office use only:	Cheque	Cash	Volunteer Expectations	Sponsorship	Initial
Amount Paid: _____	_____	_____	_____	_____	_____
Multi of of \$					



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### Participant’s Agreement

Name of Participant: \_\_\_\_\_

**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 child /ward is physically, emotionally and mentally able to participate in the programs, activities and events of The Ontario Soccer Association, Peel Halton Soccer Association and the Caledon Soccer Club.
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. Dry land training including weights, running and massage;
  - c. Grass, turf and other surfaces including bacterial infections and rashes, falls to the ground due to uneven or irregular terrain or surfaces, 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 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 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 Participant

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date