



# H.E.A.D.S. Hillsburgh Erin and District Soccer Club

Affiliated with the South West Region Soccer Association (SWRSA) of the Ontario Soccer Association (OSA) Reg. No. – CD 0440

## Youth Player Outdoor Registration 2017 (under 18 years of age)

Player's Last Name:		Player's First Name:		Middle Initial:
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth:	Y/M/D	New Player: Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent/Guardian Name(s):			Email:	
Street Address:			Home Phone:	
City:		PC:	Cell Phone:	

### Playing History

ATTENTION: 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 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:

### Club Information

MEDICAL ALERT (Please ensure that your coach is made aware of any medical conditions regarding your child's participation in soccer)

Are there any special medical conditions the Club should be aware of: Yes  No  If Yes, please provide information below:

If there is a **tournament team** in your child's age group (U10 and older), do you wish to participate? Yes  No   
(Additional fees will apply).

Is this player available to be requested for call-ups to a higher Division as required? Yes  No

If you will BE AWAY for more than 2 weeks of soccer, please indicate number of weeks:

PARENTS: HEADS is run entirely by Parent Volunteers, and its success depends on your willingness to participate. Please indicate if you would be interested in any of the following:

Coach/Assistant  Referee  General Assistance  Sponsor  Convener  Gala Day

### CONSENT FOR USE OF PERSONAL INFORMATION

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

I understand that I may withdraw such consent related to receiving communications at any time by contacting the OSA Privacy Officer by mail to: Attention of the OSA Privacy Officer, The Ontario Soccer Association, 7601 Martin Grove Road, Vaughan ON L4L 9E4 or at OSAPrivacyOfficer@soccer.on.ca. 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, 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, S.W.R.S.A., H.E.A.D.S 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.
- Interference, harassment, or other intimidating behaviour, whether verbal or physical, toward any player, coach or official, will not be tolerated.
- Any parent, guardian or spectator who fails to conduct themselves in an appropriate manner may, at the discretion of the Club Executive, be prohibited from attendance at any or all games or practices.

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

Signature of Parent/Guardian	Date
------------------------------	------

Refunds are subject to \$25.00 administration fee if Cancelled before May 15th, \$75 administration fee after May 15th. No Refunds will be given after June 15.

There will be a \$25.00 fee on all NSF cheques. Hillsburgh Erin and District Soccer club policies can be found at [www.headsoccerclub.ca](http://www.headsoccerclub.ca)

### For Use by Club Registrar Only

Payment: \$	New Player Yes <input type="checkbox"/> No <input type="checkbox"/>	Verification of Birth Date: Birth Certificate <input type="checkbox"/> Player Book <input type="checkbox"/>
Discount: \$ Total Paid \$	OSA Reg. No	Other :
Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Online <input type="checkbox"/>	Play Up Division Yes <input type="checkbox"/> No <input type="checkbox"/>	Registrar's Signature Date:



# 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.
9. I permit use of photographs for the sole purpose of promoting soccer with Hillsburgh Erin and District Soccer 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
------------------------------------	---------------------------------	------