

SOUTH SIMCOE UNITED FC – PLAYER REGISTRATION FORM

Please print clearly

2018 OUTDOOR SEASON

Receipt # _____

Birth Date: _____ / _____ / _____ Sex: _____
month day year

Name of Player: (First) _____ (Last) _____

Street Address: _____ Town: _____ Province: _____

Postal Code: _____ Township: _____

Phone: Res: _____ Bus: _____ Cell: _____

Email: _____

Parent or Guardian Names: Mother: _____ Father: _____

Program Registered for: _____ GIRLS BOYS MIXED One Friend Request: _____ LOCATION: North South Central

Where did you hear about Registration being opened: _____ Player Photo Required: YES NO

ATTENTION: This "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. New Player to Soccer? Yes _____ No _____

Last club registered for outdoor: _____ Date Last Registered _____ Country of Club _____

Has this player ever registered to play soccer in another country? Yes _____ No _____

If Yes, a) Name of Country _____ b) Name of Club _____ c) Last Year Registered _____

CONSENT FOR USE OF PERSONAL INFORMATION

I authorize the Canadian Soccer Association, the Ontario Soccer Association, the Huronia District Soccer Association, and South Simcoe United FC 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 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:

1. 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.
2. I have reviewed the waiver/participation agreement attached and my signature affixed hereto indicates my agreement with such waiver/participation agreement.
3. I am aware of The Ontario Soccer Association, Huronia District Soccer Association, South Simcoe United FC and League bylaws, policies, rules and regulations and agree to abide by them and to be bound by them.
4. I accept sole responsibility for my or my child/ward's personal possessions and athletic equipment.
5. 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.

REFUND POLICY

All refund requests must be submitted in writing to the club office using a SSU FC refund form with a copy of the registration receipt. All refund requests are subject to a \$30 admin fee. Refunds will be issued only to the adult/guardian named on the online/in person registration system.

- A paid registration fee shall be fully refunded in the event that SSU is unable to field a team or provide a suitable program alternative.
- **No refund** will be granted after the posted registration deadline for both indoor and outdoor programs.
- There will be **no refund** for a registration fee if a player is suspended due to disciplinary action by SSU FC or a league.
- A \$25 fee will be applied to all NSF/ returned payments.

The club treasurer may grant a partial refund under medical or extenuating circumstances (illness, death, etc.) excluding administration fees, uniform and operational costs. All requests must have supporting documentation from a medical doctor.

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

VOLUNTEERING – Please choose one

Coaching: Assistant Coach: Join the Executive: Special Events: Not interested:

I might be interested but require more information:

Signature of Parent/Guardian (If player under 18)

Signature of Player (If aged 18 and over)

Date

Fee Paid: \$ _____ Cash: _____ Cheque: _____ Visa: _____ M/C: _____ Date: _____

ONTARIO SOCCER ASSOCIATION / SOUTH SIMCOE UNITED FC

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