



THE ONTARIO SOCCER ASSOCIATION

Player Registration Form

PLAYER INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ Prov. _____ Postal: _____

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

Cell Number: _____ E-mail Address: _____

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

OHIP # (Optional): _____ **OHIP Numbers are optional to collect*

TEAM/CLUB DETAILS

Club/Academy Name: _____

Season Type: Indoor Outdoor

Player Classification

Indoor: Grassroots Youth Senior Futsal

Outdoor: Grassroots Youth Rec Youth Comp. Senior Rec Senior Comp. Pro

Team Name: _____ Team Registration Number: _____

League Name: _____ League Registration Number: _____

Division Name: _____ Division Registration Number: _____

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 subject to Discipline by the Ontario Soccer Association.

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? _____

CONSENT FOR USE OF PERSONAL INFORMATION

I authorize the Canadian Soccer Association, *Ontario Soccer Association, the applicable District Association and Soccer Organization to collect and use personal information about me for the purpose of receiving communications from the Canadian Soccer Association, Ontario Soccer Association, District Association, League and Soccer Organization. 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/Academy, I, the participant, agree as follows:

1. I understand that I 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 read and understand the waiver attached and my signature affixed hereto indicates my agreement with such waiver.
3. I am aware of The Ontario Soccer Association, District Association and Club/Academy's 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 personal possessions and athletic equipment and accept all liability for any damage to the playing equipment caused by my careless, negligent and/or improper handling.
5. I grant permission to the Organization to photograph and/or record my image and/or voice on still or motion picture film and/or audio tape and to use this material to promote the sport of soccer and the Organizations through the media of newsletters, websites, television, film, radio, print and/or other form. I understand I waive any claim to remuneration for use of audio/visual materials used for these purposes.

By signing and dating below you agree that you are the player being registered and to be bound by this Legal Agreement even if you have not read this agreement.

Player Name or Parent/Legal Guardian if player is Under 18

Player Signature or Parent/Legal Guardian

Date

For use by CLUB/ACADEMY/LEAGUE REGISTRAR

Verification of Birthdate: ___ Birth Certificate ___ Player Book ___ Other

SIGNATURE: _____ DATE: _____

DISTRICT ASSOCIATION/ONTARIO SOCCER ASSOCIATION VALIDATION

SIGNATURE: _____ DATE: _____

Note: Club must retain copy of the player registration form and if requested must submit form to its District Association or the Ontario Soccer Association upon request



ONTARIO SOCCER ASSOCIATION

PARTICIPANT'S AGREEMENT

(To be used for Players under the age of 18)

Name of Participant: _____ Age (If under 18) _____

ALL PROGRAMS AND ACTIVITIES HAS ITS RISKS

I participate in the game of soccer because it is physically and mentally challenging. In consideration of my participation in such programs, activities and events, I hereby acknowledge that I am aware of the risks and hazards associated with or related to this activity. The risks and hazards include, but are not limited to:

- Injuries from executing strenuous and demanding physical techniques in soccer;
- Injuries from dryland training including weights, running and massage;
- Injuries from grass, turf and other surfaces including bacterial infections and rashes
- Injuries from collisions with walls and soccer equipment
- Injuries resulting from failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment
- Spinal cord injuries which may render me permanently paralyzed
- Injuries from extreme weather conditions which may result in heatstroke, sunstroke or hypothermia
- Injuries from contact, colliding or being struck by other participants, spectators, equipment or vehicles
- Injuries resulting from vigorous physical exertion and strenuous cardiovascular workouts
- Injuries from 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.

Furthermore, I am aware:

- That injuries sustained in soccer can be severe;
- That I may experience anxiety while challenging myself during the activities;
- That I may come into close contact with other participants, including the possibility of accidental and unexpected contact;
- That my risk of injury is reduced if I follow all rules established for participation; and
- That my risk of injury increases as I become fatigued.

I AGREE TO BE RESPONSIBLE FOR MYSELF

I am participating voluntarily in these activities, events and programs. I agree that there are risks in soccer as described above. By participating voluntarily in these events, activities and programs, I am exposed to these risks and hazards. I agree to accept them and be responsible for any injury or other loss which I might receive while participating in these events, activities and programs.

If something happens to me, I release the organizers of responsibility for any claims, demands, actions and costs which might arise out of my participation. In this Agreement 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 representative.

INSURANCE

Executing this agreement may not preclude you from insurance coverage.

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.

Name of Participant (If over the age of 13)

Signature of Parent/Guardian

Date

Signature of Participant (If over the age of 13)

Signature of Parent/Guardian

Date