

Name:	LAST	FIRST	INITIAL
Address:	STREET NUMBER AND NAME	CITY	POSTAL CODE
Phone:	HOME:	DATE OF BIRTH	YEAR
	CELL/WORK:		
	EMAIL:		
OSA REGISTRANT #:	GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
PARENT/GUARDIAN NAME/ADDRESS:			
PARENT/GUARDIAN NAME/ADDRESS:			
PLAYER CLASSIFICATION (PLEASE CHECK ONE):			
20_____		SEASON: <input type="checkbox"/> OUTDOOR <input type="checkbox"/> INDOOR	
OUTDOOR: <input type="checkbox"/> MINI	<input type="checkbox"/> YOUTH REC	<input type="checkbox"/> YOUTH COMPETITIVE (L5 AND UP)	<input type="checkbox"/> SENIOR REC <input type="checkbox"/> SENIOR COMPETITIVE
Mini: <input type="checkbox"/> 4/5 Monday <input type="checkbox"/> 4/5 Tuesday <input type="checkbox"/> 6 Thursday House League: <input type="checkbox"/> 7/8 <input type="checkbox"/> 9/10 <input type="checkbox"/> 15/16/17 Rural League: <input type="checkbox"/> 11/12 <input type="checkbox"/> 13/14 L6(Youth Rec/Select): <input type="checkbox"/> U10 <input type="checkbox"/> U11 <input type="checkbox"/> U12 <input type="checkbox"/> U13 <input type="checkbox"/> U14 <input type="checkbox"/> U15 <input type="checkbox"/> U16 <input type="checkbox"/> U17 <input type="checkbox"/> U18 L5 and above(Youth Competitive): <input type="checkbox"/> U10 <input type="checkbox"/> U11 <input type="checkbox"/> U12 <input type="checkbox"/> U13 <input type="checkbox"/> U14 <input type="checkbox"/> U15 <input type="checkbox"/> U16 <input type="checkbox"/> U17 <input type="checkbox"/> U18			
I am interest in attending the L6 Try Outs: <input type="checkbox"/> Yes <input type="checkbox"/> NO I have a Health / Medical Condition: <input type="checkbox"/> Yes <input type="checkbox"/> No Indoor Practices are held February - April If yes, please complete the health form available at the first session			
I am interested in being a: <input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Manager <input type="checkbox"/> Referee <input type="checkbox"/> Convener			
Name: _____		Best Time to Phone: _____	Age: _____
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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, 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 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:

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, SWRSA, Woolwich Youth Soccer 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.**

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 _____

FOR USE BY CLUB REGISTRAR

VERIFICATION OF BIRTH DATE:

BIRTH CERT HEALTH CARD PLAYER CARD

OTHER: _____

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

CLUB REGISTRAR'S SIGNATURE _____

DATE _____

PAYMENT: CASH CHQ# _____

CLUB/REGISTRAR NOTES:

Player Request: _____

Other: _____

Children's Fitness Tax Credit Receipt

Woolwich Youth Soccer Club Box 301 Elmira ON N3B 2Z7		2010 Outdoor Soccer Season
Player Name:	Year of Birth:	Name of Payee:
Amount Received:	Date Received:	Amount Eligible:
Authorized Signature:	Name(print):	

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